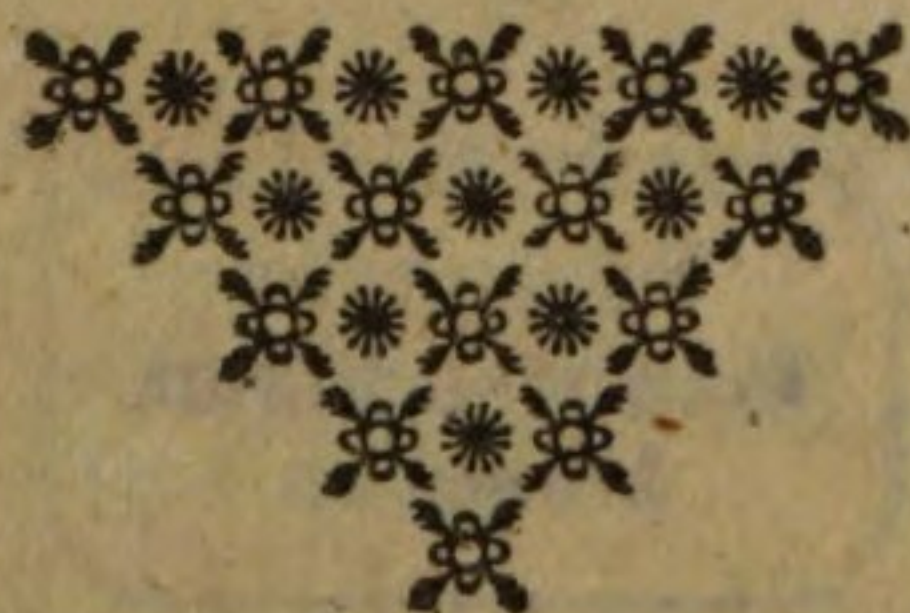


M E D I C A L
COMMUNICATIONS.

VOLUME THE FIRST.



L O N D O N:

PRINTED FOR JOSEPH JOHNSON, N^o. 72,

ST. PAUL'S CHURCH-YARD.

M DCC LXXXIV.

M. B. D. C. A. D.

COMMUNICATIONS

VOLUME THE FIRST

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PRINTED FOR JOSEPH JOHNSON, N^o. 7, ST.

ST. PAUL'S CHURCH-YARD.

M DCC LXXXIV.

P R E F A C E.

TH E Editors of this work having formed themselves into a SOCIETY FOR PROMOTING MEDICAL KNOWLEDGE, by collecting and publishing such papers on medical subjects as they think worthy of being preserved, now offer a volume of their collection to the public.

It consists of cases and observations relating to physic and surgery, of which some are written by members of the Society, the others by correspondents. The acknow-

ledged utility of such collections, first induced the Society to engage in the present undertaking; if it shall be found in any degree to extend the limits of medical science, their views will be accomplished.

The Influenza of the year 1782, appearing to the Society an object worthy their attention, they were desirous of collecting materials for its history; and for that purpose solicited information on the subject, from gentlemen of the Profession established in different parts of Europe. The number and value of the communications they were favoured with, on that occasion, will appear from the account of the disease, written by Dr. Gray, at the request of the Society.

The

The paper on the efficacy of opium in the venereal disease, is the first publication on the subject that has appeared in this kingdom. The author seems to be aware that much observation is yet wanting to determine the real value of this new remedy, and candidly acknowledges that it has not been always given with equal success. The Society are also convinced that the experiments hitherto made are by no means sufficient to establish a new method of treating the disease in question, and have published the paper rather with a view to excite enquiry, than to satisfy doubt; hoping that those who have proper opportunities will exert themselves

in the investigation of so important a subject.

The Society think proper to mention that they are already in possession of some materials for a second volume ; and they flatter themselves that when their design shall become more generally known, the number of their correspondents will increase.

Communications may be addressed to DR. GRAY, at the British Museum, or to MR. FORD, in Golden-Square, Secretaries of the Society.

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E R R A T A.

Page 12, l. 2, *for are, read were.*

23, l. 20, *for hæmorrhages, read hæmorrhages.*

35, l. 12, *for servive, read service.*

104, l. 27, *for sect read art.*

122, l. 10, *for position, read protrusion.*

124, l. 24, *for easily, read early.*

137, l. 9, *for analagous, read analogous.*

187, l. 27, *for cæliac, read cœliac.*

248, l. 19, } *for abcess, read abscess.*

249, l. 19, }

266, l. 21, *for paroxyms, read paroxysms.*

272, l. 12, *for abcess, read abscess.*

399, l. 29, *for μεν, read μιν.*

402, l. 8, *for φθισι, read φθισει.*

— l. 27, *for ιχη, read ιχει.*

403, l. 2, *for πληρωσει, read πληρωσει.*

— l. 28, *for ωσ δια χαλαμει, read ως δια καλαμει.*

406, l. 13, *for became, read become.*

418, l. 14, *for abominal, read abdominal.*

432, l. 26, *for more, read tumore.*

MEDICAL COMMUNICATIONS.

I. *An Account* of the Epidemic Catarrh, of the year 1782 ; compiled at the request of the Society.* By EDWARD GRAY, M.D. F.R.S.

IN the account of an epidemic disease, it may be expected that it should be compared with those of the same species, which

* The compiler of the following account, thinks it an acknowledgment due to the gentlemen who favoured the society with letters on the late epidemic catarrh, to observe, that though many of them would have done honour to the present publication, had they been inserted at full length, yet when it is considered that great part of their contents were necessarily similar, and that the repetition, which would have been the consequence of that method of publishing them, would have considerably enlarged the account of the disorder, it is hoped the authors of them will excuse the liberty that has been taken, to omit, in general, whatever was not immediately connected with the disease, and to select and transcribe that which served to establish or elucidate

which have already been described; and that their analogies and distinctions should be pointed out; but the great number of them upon record, is, it is presumed, a sufficient excuse for the omission of such an investigation; especially when it is considered, that it will be in the power of any person, by comparing the description of the late epidemic with that of any former one, to find wherein those analogies and distinctions consist. They who may be inclined to do so, will find a very ample catalogue of them, ranged in chronological order, in Dr. Cullen's, *Synopsis Nosologiæ Methodicæ*, under the article, *Catarrhus a Contagio*, to which species the late influenza belongs; and when the various forms which in different persons and places it put on, are taken into consideration, it will, no doubt, be found, that some of them were the same as some of those in which it formerly appeared; but, when the more general character

elucidate particular facts or opinions, and consequently to render its history more complete; for the same reason, he has not thought it necessary to produce authorities for those parts of the account, which, by being conformable to general observation, seemed to him not to require them.

racter of it be considered, it will probably appear to have differed, in some respects, from all the former disorders of the same species; and with regard to the number of persons affected by it, and the great space of the earth over which it spread its influence, to have been equalled by few of them, perhaps exceeded by none (1). In particular places indeed some of the former epidemics may have been more general; in one place that of 1775 was thought to have been so (2), but upon the whole there will perhaps be found no reason to alter the above opinion.

Very little authentic information has been procured, respecting the history of the disorder, before the time of its ap-

B 2

pearance

(1) "With regard to the number affected, it was
"the most universal disease ever remembered."

Dr. *Anderson, Alnwick.*

"No disease was ever more general."

Dr. *Murray, Norwich.*

"I believe no disease was ever known to be more
"general."

Dr. *Kirkland, Ashby.*

(2) "The inhabitants of Dumfries, and the environs,
"were pretty generally affected by the disorder, yet I
"think not so generally as by the catarrhal fever of
"1775."

Dr. *Gilchrist, Dumfries.*

pearance in London; all that can upon good authority be related, is, that it prevailed at Moscow, in the months of December 1781, and January 1782, and at St. Petersburg, in February 1782: it was traced from Tobolski, to which place it was supposed to have been brought from China.

In confirmation of this opinion it may be observed, that several accounts from different parts of the East Indies, mention that a disorder, similar in its symptoms, prevailed in those parts in the months of October and November 1781. It was in Denmark the latter end of April, or the beginning of May; and many people were said to have died of it at Copenhagen, before the 11th of May. It is not easy to determine with precision, the time of its first appearance in London; that it was here the second week in May, seems very certain; and though it was thought by some to have been here long before that time (3), the more general opinion is, that the cases then

(3) “ Such was the epidemic constitution in the
 “ month of March 1782, when the Febris epidemica
 “ catarrhalis first appeared, and by the middle of April it
 “ was spread all over London, and its environs.”—

Observations on the late influenza, by Dr. Grant, p. 18.

then observed did not belong to the disorder in question. But whatever difference of sentiment there may be respecting the time of its arrival in this metropolis, the fourth week in May is very well known to have been the period of its most universal prevalence here; which circumstance may surely be considered as a strong argument, that the cases observed so early as March, or even April, were common catarrhs; for it seems very improbable that a disorder, which in every other place reached its highest pitch of general prevalence in a week or two after its appearance, should in London be two months before it arrived at that period.

According to the accounts received from the different parts of England, it seems that in most of them, the influenza did not begin to appear until after its prevalence in London; as in every letter, except two (4), its appearance is dated either from the latter end of May or the beginning of June. In Scotland, and in Ireland, it seems to have been rather

B 3

later.

(4) “ The late epidemic disease made its appearance in
 “ this part of Yorkshire about the beginning of May,
 “ but

later. It prevailed in France, in the months of June and July; in Italy, in July and August; and in Portugal and Spain, in August and September. It is said that it was afterwards observed in America; but no authentic information on that head having been obtained, it is mentioned only as common report.

It must here be remarked, that a complaint similar to the influenza, was taken notice of in some parts of the kingdom, several months before that disorder made its progress through it. Mr. Mortimer, surgeon to the North Devonshire regiment of militia, was seized on the 24th of March, at Great Torrington, with a disorder, the symptoms of which were perfectly similar to those of the influenza; after him, his family had it, and it then became general in that town. It did not extend to the neighbouring villages, nor could Mr. Mortimer, upon enquiry, find that any such disorder had

“ but in Thirsk, and Northallerton, it began some days
“ sooner.” *Dr. Bisset, Knayton.*

“ The time that I can name with most certainty of
“ its coming to Greenwich, is the first week in May;
“ and I think the first patient I saw ill of it was at Dept-
“ ford, on the first of that month.” *Dr. Leith, Greenwich.*

had been observed at any other place in that part of England. At Barnstaple, which is only twelve miles from Torrington, the influenza was common in the beginning of June, when it went through that part of Devonshire, but the inhabitants of Torrington, were not then affected by it (5). This last circumstance seems to shew, that the disorder observed in March was of the same species with the influenza; but admitting it to have been so, it is very extraordinary that its activity should, at that time, have been confined to so small a space.

The fourth week in May, was (as is before mentioned) the period at which the disease prevailed most generally in London. From that time it began to decline, and in the space of two or three weeks ceased to exist as a general disorder. It did not however leave the city, till the month of September. A family from Portugal landed at Harwich, in the beginning of that month, and came directly to London; the day after their arrival there, the lady, two

B 4

chil-

(5) These facts, and those mentioned page 61, were communicated by Mr. Mortimer to Dr. Blagden, and by him to Dr. Gray.

children, and two maid servants, were seized with evident and unquestionable symptoms of the influenza. No certain instance of it in London, after that time, can be adduced.

In most parts of England it does not appear to have remained so long; but in several places it is said to have continued till the month of August (6), and in some, till the month of September (7). In the London Medical Journal it is related, that “the
 “ Convert and Lizard ships of war, upon
 “ their arrival at Gravesend, from the West
 “ Indies, in the beginning of September,
 “ had three Custom-house officers put on
 “ board them, and in a few hours after,
 “ the crews of both ships, till then in
 “ good health, were seized with symptoms
 “ of the influenza; hardly a man in either
 “ ship escaped, and some had it very se-
 “ verely” (8). It

(6) “ In the second week in August it began to disap-
 “ pear.” Dr. Scott, *Stamfordham*.

“ It continued till the month of August.”

Dr. Kirkland, *Ashby*.

“ The disorder is still (August 26) in this country.”

Dr. Paterson, *Margam*.

(7) “ The disorder continued till September, when it
 “ gradually disappeared.” Dr. Scott, *Isle of Man*.

(8) This circumstance was communicated to Dr. Simmons, by Capt. Harvey, of the *Convert*, who
 at

It does not appear that any attempt was made to ascertain the proportional number of persons affected by this disorder. In different places that number was very different, and in some it seems to have been very great (9). Most

at the time he mentioned it, (the 3d week in September) was not quite recovered from the disease.

(9) "Hardly one escaped, old or young."

Mr. Jacob, Feversham.

"Scarce a family in the town or neighbourhood free."

Dr. Anderson, Alnwick.

"Scarcely one adult in a hundred, under fifty years, escaped. About a seventh part of old persons and children escaped."

Dr. Bissett, Knayton.

"It was so universal, that it may rather be said to have ceased for want of subjects, than to have lost the power of exerting its deleterious effects."

Dr. Ruston, Exeter.

"It prevailed almost universally among the inhabitants of this town; very few families remained totally free from it, but some few escaped it entirely. More than 930 persons affected with it, applied to the dispensary in the course of three weeks."

Dr. Houlston, Liverpool.

"Whole families were affected with it at the same time; so that none remained well to nurse the sick, and it was extremely difficult to get any assistance, as none remained free from the disease."

Dr. Binns, Liverpool.

"Very general, particularly among the soldiers quartered here. In the infirmary, few or none of the patients escaped."

Dr. Livingston, Aberdeen.

"At

Most of the accounts received from the various parts of the kingdom, say only, that it was very general, &c. At Dover Castle, 390 privates of the 59th regiment, and at Dublin, upwards of 700 of the 36th and 77th regiments of foot, were ill of it at the same time.

At London it was also very general; and, though a want of proper observation on that head, renders it impossible to determine the proportion of persons affected by the disease, it may be safely asserted, that the number of those attacked by it, was much greater than that of those who escaped it. With respect to sex, there seemed little or no difference; though in some places it was thought that the number of men affected by it was greater than that of women (10).

Dr.

“ At St. Albans, out of three companies quartered
 “ in that town, scarcely a single man was fit to do duty;
 “ the officers suffered in like proportion, for only one
 “ escaped the complaint.” *Description of the Influenza*
by Dr. Hamilton, p. 9.

(10) “ Very few escaped, and those chiefly females.”

Dr. Murray, Norwich.

Dr. Simmons observed, that of ninety-six patients who were admitted under his care at the Westminster Dispensary, on account of the influenza, fifty were females, and forty-six males. But though, upon the whole, it seemed to show no distinction worth remarking, with regard to sex, this was far from being the case with regard to age. Old persons were certainly less subject to the disorder than those of a middle age; but when attacked, they generally had it very violently (11). Children were still less subject to it than old persons, and infants considerably less than either (12).

In

(11) “ Old age appeared next to infancy the least susceptible of the disease; many of those who escaped were advanced in life, but the aged persons who did suffer had the disorder to a greater degree, and for a longer time ” Dr. *Macqueen, Great Yarmouth.*

“ Some old persons, from sixty upwards escaped, but such as took the disease, generally suffered severely by it.” Dr. *Mease, Strabane.*

“ The old and valetudinary, suffered most severely.” Dr. *Livingston, Aberdeen.*

“ The aged, especially those of a corpulent and full habit of body, were most violently affected.” Dr. *Ruston, Exeter.*

(12) “ Children for the most part escaped the complaint.” Dr. *Campbell, Lancaster.*
“ I have

In the Hospice de Vaugirard, near Paris, where there are upwards of forty children, all under two years of age, it was observed that not one of them was affected, though the epidemic was common in the village *. Of the ninety-six persons abovementioned, who applied to the Westminster Dispensary, thirteen were under the age of twenty, sixty-three between twenty and forty, and twenty above forty years of age. But notwithstanding young persons were less liable to the disorder than adults, and when affected, commonly had it in a less degree (13), yet even infants were

“ I have heard of no child at the breast having it.”

Dr. Mease, Strabane.

“ Children in general escaped its fury.”

Dr. Kirkland, Ashby.

“ Les enfans du premier age en ont paru a peu pres
“ exempts.” Letter from M. Vicq D'Azyr to Dr. Simmons.

“ I do not recollect a single instance of an infant at
“ the breast being affected with symptoms of influenza,
“ either in the British lying-in hospital, or in my
“ private practice.”

Dr. Garthshore.

(13) “ Children, and persons of a weak and delicate
“ habit, were less violently affected than strong robust
“ persons arrived at the years of maturity.”

Dr. Ruston, Exeter.

“ Young persons, and especially children, were
“ commonly attacked in an easy and slight degree.”

Dr. Livingston, Aberdeen.

* Journal de Medecine.

were not entirely exempt from it, and some of them had it very severely (14).

General as it was in London, some whole families escaped it; one for instance, residing near Red-lion-square, which at that time (including children and servants) consisted of thirteen persons, remained intirely free from its attack. It was also remarked, that many persons who escaped the epidemic of 1775, were affected by that of 1782, and many who escaped the latter, were affected by the former.

It would be an endless task to describe, minutely, the various forms, which in different persons, the disorder put on; in general, it began with some of the following
symp-

(14) "The state of infancy seems to have been almost
"universally exempted. I have been able to ascertain
"but one instance to the contrary in this town. Mr.
"Affey, of Beccles, says the disease exerted much vio-
"lence on a child eighteen months old."

Dr. *Macqueen*, *Yarmouth*.

"Children were not wholly exempted, many at the
"time being affected with sneezing, running at the nose,
"and cough."

Dr. *Anderson*, *Alnwick*.

"An infant, two hours after it was born, was affected
"with sneezing, cough, and other symptoms of the dis-
"order."

Mr. *Wilmer*, *Coventry*.

symptoms, of which those first mentioned seem to have been most common, and most characteristic of the disease; but the order in which they followed each other, and their duration, varied exceedingly:

Chilliness and shivering, sometimes succeeded by a hot fit, and alternating with it for some hours; languor and lassitude; sneezing; discharge from the nose and eyes; pain in the head (particularly between or over the eyes); cough, sometimes dry, sometimes accompanied with expectoration; inflammation of one or both eyes; oppression and tightness about the præcordia; difficulty of breathing; pain in the breast or side; pain in the loins, neck, shoulders, or limbs; sense of heat and soreness, in the throat, and trachea; hoarseness; bleeding from the nose; spitting of blood; loss of smell or taste; nausea; flatulence.

Watery blisters about the upper parts of the body; swellings in the face and other parts, attended with considerable soreness, apparently erysipelatous; and others of a different nature, forming abscesses in various parts, were sometimes observed (15):

In

(15) “ In the last form of the disorder, (vide note 31)
 “ some, besides several of the more common symptoms,
 “ had

In a few instances a very painful swelling of the abdomen, seemed to constitute the most disagreeable symptom of the disorder (16). An eruption about the nose and lips was not uncommon; and in some cases a military

“ had abscesses suddenly forming in different parts of
 “ the body, particularly in the parotid and axillary
 “ glands; and large watery blisters, which rose about
 “ the back, breast, shoulders, &c.”

Dr. Scott, *Isle of Man*.

“ Some had tumors, which ended in painful ulcers,
 “ discharging a thin ichor.” Dr. Paterson, *Margam*.

“ Some had erysipelatous swellings in the face,
 “ others had them in different part of the body, attended
 “ with an intolerable itching.” Sir Robert Scott, *Dublin*.

(16) “ Some weeks after the disorder began, some
 “ who had the more usual symptoms, were suddenly left
 “ free from all appearance of catarrhal affection; and in
 “ exchange, there followed violent pain all over the
 “ abdomen, which appeared as if distended by wind, and
 “ was very tender to the touch; the thirst and heat
 “ were considerable, without any great quickness in the
 “ pulse; this complaint lasted from eight to fourteen
 “ days. Some were seized with this pain in the abdomen,
 “ without having any catarrhal attack, and all of them
 “ had no other appearance of the disorder; several of
 “ these were bled early in the disease, but I cannot say
 “ it removed, or even relieved the symptoms.”

Dr. Leith, *Greenwich*.

“ Some had their bodies swelled all over, with con-
 “ siderable inflammation, and so painful they would not
 “ suffer you to touch them.” Dr. Paterson, *Margam*.

miliary one, or one like the chicken pox, was remarked at the close of the disorder (17).

Abscesses in the ears, which according to Huxham were a common symptom in the epidemic of 1733, were seldom seen in that of 1782; but they did sometimes occur (18).

In some the catarrhal symptoms were very slight, or entirely wanting; the disorder

(17) “ After perspiration, the most frequent crisis, if it may be called one, was a scabby eruption about the nose and lips. Dr. Mease, Strabane.

“ Small angry pimples often appeared about the upper lip, and filled with pus; these, however, did not appear to be critical, but merely the effect of the heat and acrimony of the matter discharged from the nose.”

Dr. Campbell, Lancaster.

“ In one or two cases, the disorder terminated with a miliary eruption.” Dr. Livingston, Aberdeen.

“ When nature was interrupted in the beginning, by bleeding, or other improper management, the patient was thrown into a fever, which had for its crisis an eruption not unlike the chicken pox.”

Dr. Paterson, Margam.

(18) “ One patient had abscesses formed in both ears.”

Description of the influenza, by Dr. Hamilton, p. 14.

(18) I saw

order in those cases being like a common fever (19).

The pain in the breast or side, which, in most cases, seemed symptomatic, was in some the principal complaint; and had the appearance of genuine peripneumony or pleurisy, with every mark of inflammatory diathesis: in a few of these cases the pleuritic

“ I saw a remarkable instance of this symptom,
 “ (a discharge of matter from the ears) occurring in
 “ the influenza.” *Account of the epidemic catarrhal fever,*
by Dr. Falconer, p. 10.

(19) “ Though there was no doubt of its being a
 “ fever of the catarrhal kind, it was not attended with
 “ so many catarrhal symptoms as the epidemic of 1775.
 “ In many of the cases of this year there was no cough,
 “ no sneezing, nor any defluxion shewing a particular
 “ affection of the membrana schneideriana, so that
 “ the disease might have been mistaken for the ordi-
 “ nary kind of fever frequently occurring in this coun-
 “ try, (in which there is often a tendency to rheu-
 “ matic or pleuritic symptoms) if it had not been
 “ attended with the unusual sickness and oppression ob-
 “ served in the catarrhal fever, and frequently with
 “ considerable disorder in the primæ viæ.”

Dr. Gilchrist, Dumfries.

“ In some instances the head-ach, coryza, and cough,
 “ appeared more early, and constituted the principal
 “ symptoms. In others they appeared in the slightest
 “ form, and scarcely deserving regard, while the febrile
 “ symptoms accompanied with unusual languor and
 “ sluggishness were chiefly remarkable.”

Dr. Anderson, Alnwick.

ritic symptoms were preceded by those of inflammatory angina (20); and there were observed some instances of the last mentioned disorder which terminated in suppuration of the tonsils (21).

In others there were remarked as evident signs of a tendency to putrefaction (22); and
in

(20) “ In some few the fever was acute, the pulse
“ hard and full, the cough incessant, producing bloody
“ expectoration, and the inflammation fixing in the
“ side or the lungs, produced pleurisy or peripneumony.”
Mr. *Wilmer, Coventry.*

“ I saw some patients where the symptoms were
“ highly pleuritic, and in a small village not far from
“ this place, four or five persons died under the usual
“ symptoms of pleurisy, when that disorder terminates
“ fatally. I visited a family in which there were three
“ persons at the same time in this situation, two of them
“ before the pleuritic symptoms came on, had all the
“ symptoms of an inflammatory angina, which disappeared in a day or two, and were succeeded by those
“ of pleurisy; they were relieved by copious and repeated bleeding. It was certainly more inflammatory in that little village than in any place where I
“ have attended.” Dr. *Daniel, Crewkerne.*

(21) “ In some the throat was much swelled both
“ within and without, and there were some instances
“ of suppuration of the tonsils.” Dr. *Murray, Norwich.*

(22) “ A gentleman from the University of Cambridge assures me, that in the opinion of many the
“ disease

in one case, the disease seems to have put on the form of nervous fever (23).

In the less violent attacks of the disorder, the thirst was not very great, nor was the appetite in general very much impaired.

The tongue was generally white, but moist; and the skin hot and dry, in the beginning of the disease; but a perspiration usually came on before many hours were past, even where no means were used to excite it. The

“ disease had there put on more or less of a putrid
“ type, for besides the extreme debility, the mouth
“ and fauces were generally covered with black viscid
“ fordes.” Dr. *Macqueen, Great Yarmouth.*

“ In some few instances there seemed evidently a strong
“ tendency to putrefaction, the fauces and throat
“ were excoriated, the tongue was very foul, having
“ that kind of foulness common in the ulcerated sore
“ throat; and in several patients in the hospital who
“ had foul ulcers, or were of a bad habit of body, this
“ epidemic proved of the putrid kind.”

Dr. *Ruston, Exeter.*

(23) “ I feared I should have lost one young patient,
“ and you may be surprised at my mentioning him as
“ an instance of the disease, when I tell you that his
“ symptoms were those of a nervous fever; yet I think
“ I am justifiable in so doing from its happening at
“ the same time, being the only instance of the kind,
“ and beginning with one of the symptoms with
“ which the influenza was sometimes accompanied,
“ viz. an Epistaxis.” Dr. *Mease, Strabane.*

The nights were passed in disturbed and unrefreshing sleep, frequently with delirium, which, in general, did not continue long; in some cases, however, it appears to have been the most alarming symptom of the disorder (24).

The pulse was always quickened, but in various degrees; in the milder forms of the disease it did not in general exceed 100; but in the more violent ones it was frequently 120, and in some cases more (25).

In

(24) “ At the time the disease was amongst us, it
 “ either shewed itself in a different form or another
 “ disease attacked the people, for the patient was
 “ seized with a violent pain in his head and presently
 “ became delirious, his lungs being unaffected, for he
 “ breathed freely, and had no cough; the pulse seldom
 “ exceeded 100. I saw five thus affected who all re-
 “ covered; great debility and tremors followed the
 “ complaint.” *Dr. Kirkland, Ashby.*

(25) “ At Eltham it raged with uncommon severity,
 “ at first in the more common form, but soon after the
 “ attack was very different. The patients were in
 “ general seized with a pain across the lower parts of
 “ the thorax, which produced a quick and laborious
 “ respiration, great thirst, and a white but not dry
 “ tongue; the pulse from the first moment small and
 “ quick, rarely less than 120, more frequently 140 in
 “ a minute, and the least effort quickened it so that it
 “ could

In the beginning of the complaint it was often full, but very seldom hard, and sometimes was observed to be intermittent (26).

The

“ could not be reckoned. Bleeding was in many cases
 “ tried but it was of no use, and indeed many found
 “ no benefit from any means used to relieve them but
 “ sunk gradually without much change of symptoms
 “ about the 5th or 6th day, and some died suddenly.
 “ In a few a delirium came on; others remained sensi-
 “ ble through the whole course of the disorder. Some
 “ recovered, seemingly from a plentiful expectoration
 “ of a viscid semi-pellucid matter; others died after the
 “ expectoration came on; and many recovered without
 “ any such evacuation, though they all seemed dis-
 “ posed to it in the beginning. But at this very time
 “ some few cases occurred where the pulse was firm
 “ and hard, and where bleeding was borne well, and
 “ repeated with advantage to the amount of forty
 “ ounces or more.”

Dr. Leith, Greenwich.

(26) “ I was called to a patient whose case was very
 “ alarming and singular. She had the common symp-
 “ toms of the disorder with fever and pain in the
 “ head, had got no sleep, was harassed with a dry
 “ cough, had pains in her bowels and diarrhoea.
 “ Upon feeling her pulse I found they were full and
 “ somewhat hard, and that they intermitted sometimes
 “ every third stroke, at others every eighth, ninth, or
 “ tenth, and very frequently they were regular for more
 “ than a quarter of a minute; she had great anxiety,
 “ palpitation of the heart and syncope. I could not
 “ attribute these symptoms to any cause but inflammation
 “ about

The blood taken away, commonly had the coagulable lymph separated, forming what is called a buffy surface; but in some forms of the disorder, this appearance was not perceived.

The state of the intestines and kidneys, did not in general differ so much from that of health, as to require any remark.

Various, and even contradictory, as the forementioned symptoms appear, their right to be considered as belonging to the influenza, or at least as having been caused by it, will, perhaps, be admitted, when it is observed, that this disorder (as has been remarked of former epidemics) excited, and became complicated with, those complaints to which the persons affected were, from local situation, or constitution, most predisposed (27). Very

“ about the heart or its membranes; she was accordingly bled; the blood was covered with a buff, and she was somewhat relieved by the operation; but as the alarming state of the pulse continued, it was repeated, and in two or three days the pulse became more regular, the anxiety and syncope with extreme weakness continued, but she recovered gradually.”

Dr. Daniel, Crewkerne.

(27) “ Invalids suffered more than others, three of them died, one of them had been subject to a pleurisy,

“ risy,

Very small distances seemed sometimes to make great alteration, both in the character and universality of the disease; even where there was no apparent difference with respect to situation; and it was observed by several, that the inhabitants of low situations, were more generally and more violently affected, than the inhabitants of high ones (28).

It

“rify, a pleuroperipneumony finished his life; and
“indeed all disorders to which people were subject,
“were more or less stirred up by this asiatic malady.”

Dr. Kirkland, Ashby.

“Few people subject to the gout have escaped
“some attack of it, in consequence of this complaint.
“Consumptions, asthmas, and rheumatisms, bear the
“same date; it seems to have had the power of excit-
“ing into action those disorders which lay dormant
“before.”

Dr. Ruston, Exeter.

“Pulmonic inflammations, hæmorrhages from the
“nose and lungs, rheumatic pains, &c. took place in
“those who were formerly subject to such complaints;
“and it was remarked, that in some instances affections
“even of the abdominal viscera, that had remained long
“dormant, were resuscitated.”

Dr. Mease, Strabane,

“Particular diseases incident to particular persons were
“often brought on by the influenza.”

Dr. Bisset, Knayton.

(28) “One or two villages situated exactly as
“others, where it was very general, escaped almost in-
“tirely.”

Dr. Leith, Greenwich.

“In

It was also remarked that those who were attacked later from the time of the appearance of the disorder, commonly had it more severely, and were longer ill (29): but this remark must not be applied to those who suffered relapses; as, in that case, it was frequently observed, that the latter attacks were milder than the former ones (30): and that they were not always so,

“ In Mersea island, about eight miles distant from
 “ hence, the inhabitants are much more subject to
 “ pleuritic complaints than they are here. In that
 “ place the epidemic was very general, and the symp-
 “ toms were much more inflammatory than here, and
 “ the pain in the side more fixed and violent.”

Mr. Newell, Colchester.

“ In low situations (making allowance for differ-
 “ ence in constitutions) it appeared pretty much the
 “ same, but upon high hills it was very slight and gave
 “ little or no disturbance.”

Dr. Kirkland, Ashby.

Vide note 31. Dr. Scott, Isle of Man.

(29) “ Those who were first seized had the disease in
 “ a milder manner than those who were later attacked.”

Dr. Leith, Greenwich.

(30) “ Some few suffered two or three relapses, but
 “ the succeeding attacks were in general mild, and of
 “ short duration.”

Dr. Bisset, Knayton.

“ Mr.

so, was perhaps, owing to some change in the state of the patient, or of the weather; for, it is very certain that most persons had the disorder but once during its prevalence, and it seems probable that the same cause which renders the constitution not disposed to receive it a second time, should also (*cæteris paribus*) render the second attack less severe.

In several places, two, and in some, three, very distinct forms of the disease were observed, during its continuance; this alteration was by some imputed to changes in the state of the weather (31); it must however be remarked, that in other places
great

“ Mr. S—— relapsed twice, though each attack
“ was lighter than the former.” Mr. *Boys, Sandwich.*

(31) “ After the influenza had continued some time,
“ the weather became hotter, and the symptoms were
“ different; the fever became remittent, and in some
“ intermittent.” Dr. *Cleghorn, Dublin.*

“ About the middle of June (three or four weeks
“ from its first appearance) it began to put on a more
“ formidable appearance, by attacking the lungs in
“ the shape of pleurisy and peripneumony——about the
“ middle or end of July it began to abate, and to ap-
“ pear like an intermittent.” Dr. *Petrie, Lincoln.*

“ In

great alterations happened in the weather, during its prevalence, without any sensible change in the symptoms of the disorder (32).

From

“ In about three or four weeks from its first
 “ breaking out, the disorder, in many cases, put on a
 “ different appearance, for with some of the usual
 “ symptoms, the patient had stitches in the side, and
 “ often also through the breast and trunk of the body,
 “ but the pulse was seldom or never hard. And some
 “ few were seized with sore throats which had in a
 “ great measure the appearance of the common inflam-
 “ matory one. About the last week of July (six or
 “ eight weeks from the first appearance of the disease)
 “ the fever seemed gradually to verge more towards the
 “ low and putrid.”

Dr. Scott, *Stamfordham*.

“ About the 20th of July (seven or eight weeks from
 “ its first appearance) the disease began to put on
 “ a different appearance, and the symptoms seemed to
 “ partake more of the putrid than of the inflammatory ;
 “ the causes I assign for this change were, the incessant
 “ rains for the preceding six weeks, which had intirely
 “ covered the lower lands ; and what confirmed me in
 “ this opinion was, that the inhabitants of the flat
 “ country suffered more than those of the other parts
 “ of the island.”

Dr. Scott, *Isle of Man*.

(32) “ Before and for some time after the invasion of
 “ the disease, the weather was wet and cold, and sud-
 “ denly became warm and dry, without any remission
 “ or other sensible effect being observed to follow.”

Dr. Anderson, *Alnwick*.

“ It

From what has been said it is very clear, that the accidental symptoms, or those arising from particular predisposition, were in many cases, stronger than the proper and specific symptoms of the disease; and consequently, it was frequently difficult, and sometimes impossible, to distinguish those cases which really belonged to the influenza, from those with which it was unconnected. The most general form of it was undoubtedly that of catarrh; and the great debility which followed its attack, and the rapidity with which its symptoms came on, (which in some instances was truly wonderful) seem to have been the most remarkable characters of it (33),

When

“ It continued in this place three or four weeks,
 “ during which time the state of the weather was very
 “ variable, but I did not observe that the changes of the
 “ atmosphere had any sensible effects upon the symp-
 “ toms of the disease.” Dr. *Livingston, Aberdeen.*

(33) “ The symptoms commonly followed in very
 “ quick succession so that the disease was compleatly
 “ formed in a few hours. But in some cases the attack
 “ was so strong and sudden, that there was not time
 “ to distinguish the progress of the symptoms. This
 “ happened where a great number of persons was
 “ crowded together, as on board the ships in our roads :
 “ Captain

When the various symptoms with which, in different persons, the disorder was accompanied, are considered, it will easily be conceived, that the remedies for it should also be very various; and that those which seem to have given great relief in some cases, should in others, appear to have been
very

“ Captain Kelly, of the Fly sloop of war, informs me,
“ that he weighed anchor about ten o’clock in the
“ morning with his crew (consisting of 145 men) but
“ before six, the same evening, forty were laid by; and
“ before the next morning he was obliged to return to
“ Yarmouth roads for want of hands to navigate the ship.
“ In this time he assures me that several of the men fell
“ directly from the wheel, and were obliged to be car-
“ ried below; and not a single individual on board es-
“ caped. He says, they were seized almost instantane-
“ ously with a vertigo, stricture on the chest, sickness
“ at the stomach, and cold sweats. They all re-
“ covered.” *Dr. Macqueen, Great Yarmouth.*

“ The accession of the disease was often instan-
“ taneous; persons seemingly in perfect health were
“ suddenly attacked as it were with a violent cold, to
“ which succeeded head ach, running at the nose, &c.”

Dr. Murray, Norwich.

“ In some families I have observed that those who in
“ the morning were in perfect health, and laughing at
“ those affected with the disorder, have before night been
“ seized with all its symptoms.” *Dr. Spence, Guildford.*

very improper. In many places the disease, though very general, was so slight that few cases required any medical assistance (34). Indeed in most of the more mild and simple forms of it, a perspiration generally came on spontaneously, soon after the patient was seized, which seldom failed to relieve the symptoms so much, that most physicians considered that evacuation as the natural cure; and consequently, they thought proper to encourage it by tepid aqueous liquors, neutral salts, antimonials in small doses, &c. (35) — the
stimu-

(34) “ The mild appearance of the disease in this town, and the little apprehension it inspired, prevented my attendance on many patients.”

Dr. Macqueen, Great Yarmouth,

“ The disease hardly exceeding a common catarrh, and in no instance proving fatal, made a physician’s attendance unnecessary.”

Dr. Frazer, Southampton.

“ I have heard of no instance of its fatality in this neighbourhood; and but few cases called for the assistance of a physician.”

Dr. Morrison, Wolverhampton.

(35) “ The cure in general was obtained in two or three days, by lying in bed and keeping up a sweat, by

stimulating diaphoretics, such as contrayerva, wine whey, volatile alkali, &c.—were thought by several to aggravate the complaint (36).

But

“ by plentiful dilution, saline draughts, or small doses
“ of emetic tartar.” Dr. *Livingston, Aberdeen.*

“ La veritable crise de ces maladies se faisoit par le
“ moyen des fueurs que les malades ont tous plus ou
“ moins éprouvés.”

M. Vicq D'Azyr's Letter to Dr. Simmons.

“ Before the miasma was fixed and propagated in the
“ body, it was wholly carried off in several patients,
“ who kept in bed immediately after feeling the first
“ attack, by a large perspiration. Other spontaneous
“ evacuations, by vomiting, looseness or urine were less
“ frequent, and did not seem to procure such immediate
“ and great relief, unless they were followed by a
“ sweat.” Dr. *Reimarus, Hamburgh.*

“ Those who sweated most profusely of their own
“ accord having been observed to be the soonest re-
“ lieved, people when attacked were advised to lie
“ much in bed, and to promote sweating by some mild
“ diaphoretic, and drinking plentifully of some dilut-
“ ing liquor, which regimen in many cases removed
“ every complaint in a few hours, and seldom failed
“ to re-establish health in a few days.”

Dr. Anderson, Alnwick.

“ Certain it is that the evacuation by the skin seem-
“ ed to give the most immediate, and the most natural
“ relief.” Dr. *Ruston, Exeter.*

(36) “ I observed that the stimulating sudorifics as
“ pulv. Doveri, Camphor, Contrayerva, Serpentaria,
“ &c.

But in the more severe forms of the disorder, other remedies became necessary, according to the nature of the symptoms. In many cases, especially in those attended with pleuritic symptoms, bleeding was found beneficial, and the operation was sometimes repeated with advantage, till a pretty large quantity of blood was taken away (37); but in other cases, even where the

“ &c. were to be avoided, as they irritated too much.”

Dr. Scott, *Isle of Man.*

Vide note 39. Dr. Campbell.

(37) “ Some of the patients whom I visited had a considerable degree of fever, and tendency to delirium, and were much relieved by bleeding pretty largely; their blood was, for the most part, viscid and inflammatory.”

Dr. Livingston, *Aberdeen.*

“ The mode of treatment which I adopted and which I found successful, was the early use of the lancet, which was sometimes employed more than once, and from which, except in one instance, I always perceived manifest advantage.”

Mr. Wilmer, *Coventry.*

“ When the fever ran high, with plethoric symptoms, bleeding was of evident use; but many who had pretty severe attacks did very well without it, and it is said that some received injury by too liberal a use of the lancet.”

Dr. Murray, *Norwich.*

Vide note 20, Dr. Daniel.—Note 25, Dr. Leith.—Note 39, Dr. Campbell.

(38) “ Bleed-

the symptoms were nearly similar, and the appearance of the blood was such, as is generally supposed to justify the operation, it was thought, not only, that it did not relieve the complaint, but that it actually was prejudicial (38).

And

(38) “ Bleeding, which was often practised in this place when the disorder first appeared, did not afford the advantage expected from it. It is acknowledged that the tightness on the thorax, and the violence of the head ach, were frequently relieved; yet the disorder was not shortened in its duration, nor the cough in any degree moderated. I experienced this more particularly in my own case being among the first persons attacked, and considering that I am remarkably subject to catarrhal affections, which bleeding never fails to relieve, I chose to submit to the loss of eight or ten ounces of blood. The violence of the head ach, and the stricture on the thorax I imagined were immediately abated, but the cough, heat of the fauces and coryza, did not yield until I had perspired two or three days in bed. The reports of my correspondents in the country afford still stronger testimonies against the propriety of bleeding.”

Dr. Macqueen, Great Yarmouth.

“ Bleeding in general answered no good purpose, nay some were evidently hurt by it.”

Dr. Flint, St. Andrew's.

“ Bleeding sunk the patient much, and if repeated proved fatal, indeed I heard of none dying but by the imprudent use of the lancet.”

Dr. Paterfon, Margam.

And some, who are very ready to testify the relief obtained by bleeding, think the necessity of it generally arose from the wine, volatiles, &c.—which had been given in the beginning of the disorder, in order to encourage perspiration (39).

Among

“ Those who had peripneumonic or pleuritic symptoms I was induced to bleed, but this operation did not relieve them.” Mr. *Newell, Colchester.*

“ Although the blood had always a strong thick buff upon it, few or none could bear the loss of much blood, for it was evident that the patient sunk under it.” Dr. *Petrie, Lincoln.*

“ Bleeding was practised in my opinion, oftener than it was really necessary or serviceable. Though it generally relieved the symptoms, it appears to me to have often protracted the cure, and to have added considerably to the subsequent debility.”

Dr. *Houlston, Liverpool.*

“ It was almost generally observed that bleeding did more harm than service.” Dr. *Reimarus, Hamburgh.*

(39) “ People in general were their own physicians, giving wine whey, volatiles, and the like, to encourage perspiration ; but where they failed to excite a profuse sweat, the symptoms were all aggravated, and the disorder converted into a violent inflammatory fever, with all the marks of pulmonic or phrenetic inflammation ; and I do not remember to have seen more strong marks of inflammatory diathesis, than in some
“ of

Among those to whom bleeding was generally thought necessary, may be reckoned pregnant women (40); but upon the whole,

“ of those cases, nor where the relief obtained from
 “ large and repeated bleeding was more sensible and
 “ immediate, yet on account of the general small-
 “ ness of the pulse, and the relief obtained by perspira-
 “ tion properly encouraged, I never had occasion to
 “ take away blood, unless the fever had been augmented
 “ by some of the above means, or other imprudent con-
 “ duct, or where the pain in the side or breast indicated
 “ a particular determination to the lungs.”

Dr. Campbell, Lancaster.

(40) “ I was called in the month of June to seven
 “ women in different states of pregnancy, who had all
 “ severe symptoms of the influenza, and most of whom
 “ had more or less tendency to a miscarriage, or pre-
 “ mature labour. This event however took place only
 “ in one of that number; a weak, timid lady, who
 “ was seized when 30 miles from London, and hasten-
 “ ing thither was delivered twenty-four hours after
 “ her arrival, at the end of the eighth month of her
 “ pregnancy. Three were apparently prevented from
 “ miscarrying by bleeding and opium. Three others
 “ were relieved by opiates, but had no occasion for
 “ bleeding; an evacuation which the disease in its
 “ milder state did not seem to require; yet it was
 “ perhaps more frequently necessary to pregnant
 “ women than to any other class of patients.
 “ And when the violence of the symptoms rendered
 “ this evacuation necessary, it was remarked by my-
 “ self and other practitioners, that the weakest and
 “ most timid patients, sustained very large and repeated
 “ bleedings, without either being much debilitated or
 suffering

whole, it seems very certain, that though, in some cases, it was of considerable service, yet they were for the most part such as cannot be ranked amongst the simple and unmixed forms of the disease, in those, there seems great reason to believe that it was most commonly unnecessary, and frequently hurtful.

Emetics do not appear to have been very generally used, but all who did employ them, concur in opinion, that they were of great service; not only where there was reason to suspect an accumulation of mucus in the bronchial ramifications, but also where they were given chiefly with a view to assist in producing a speedy and copious perspiration (41).

Ex-

“ suffering abortion. An event which frequently
 “ happens after such large evacuations, as has been ob-
 “ served ever since the time of Hippocrates.”

Dr. Garthshore.

(41) “ In two or three cases of extreme danger,
 “ when the collected phlegm threatened suffocation,
 “ gentle emetics seemed to rescue them from death.”

Dr. Cleghorn, Dublin.

“ Emetics gave great relief to all the symptoms.”

Dr. Flint, St. Andrew's.

Expectorants seem to have been very seldom given ; expectoration not having been in general considered as the natural cure for the peripneumonic or pleuritic symptoms attendant on the influenza, as it is for the real peripneumony or pleurisy ; indeed some physicians remarked that they saw no instance of a solution by expectoration (42) ; there were, however, some cases, in

“ An emetic early administered and followed by
 “ frequent draughts of warm diluting liquors, seldom
 “ failed of promoting a profuse perspiration, which, if
 “ properly kept up in bed, removed the whole disease
 “ in a few days.” *Dr. Macqueen, Great Yarmouth.*

“ Emetics given early contributed greatly to the
 “ speedy recovery of the patient.”
Mr. Henry, Manchester.

“ An emetic, and promoting moderate perspiration, ap-
 “ peared to answer best to bring about an easy and speedy
 “ termination of the disease.” *Dr. Houlston, Liverpool.*

“ Emetics at first, and afterwards antimonials, re-
 “ lieved very much. In some cases I found a repetition
 “ of the emetic two or three times of great service.”
Mr. Newell, Colchester.

(42) “ I thought it not a little remarkable that I
 “ met with no instance of a solution by expectoration,
 “ even when it assumed the form of peripneumony.”
Dr. Mease, Strabane.

in which that evacuation took place to a great degree, and was thought to be the natural cure of the disorder (43).

Blisters were applied to various parts with good effect; when there was pain in the breast or side, the application of them to the part affected was found very beneficial; it was frequently thought proper to keep them open for some time, and it was in some cases remarked, that a second blister applied some days after the first, produced great relief when the first had failed to do so (44).

D 3 Opiates

(43) “Expectorants, such as the oxymel, or syr. scil-
 “liticus, joined with antimonials, and when the cough
 “was troublesome, some el. paregor. or syr. e mecon.
 “were very serviceable; indeed expectoration seemed
 “to be the natural cure, and I encouraged it most
 “diligently. In three cases the expectoration was in-
 “conceivably great, the patients spitting two or three
 “pounds of an extremely viscid mucus in 24 hours.
 “This continued for several days, and abated gradu-
 “ally, leaving them in a very emaciated state.”

Mr. Newell, Colchester.

“Ceux qui avoient été incommodés de la toux finis-
 “soient par expectorer des matieres epaisses et vis-
 “queuses.” *M. Vicq. D’Azyr to Dr. Simmons.*

Vide note 25—Dr. Leith.

(44) “Blisters on the side and legs were service-
 “able, and according to a remark of Dr. Sims, I
 “found

Opiates were a common remedy with most physicians, and they all agree in testifying their great use; particularly in mitigating the cough, which was in many cases, the most troublesome and tedious symptom of the disease (45).

Gentle laxatives were frequently used with advantage in the beginning of the complaint,

“ found the second blistering of great use when the
“ advantage from the first had not been very observable.”

Dr. Cleghorn, Dublin.

“ I found blisters most eminently serviceable, parti-
“ cularly applied to the thorax and legs, and generally
“ kept a small part of the blister open for many days
“ with remarkable success.”

Dr. Petrie, Lincoln.

“ Blisters on the side or breast immediately over the
“ part affected, never failed to relieve most effectually.”

Mr. Newell, Colchester.

(45) “ Opiates became a favourite remedy with
“ most of our practitioners. An anodyne given at night
“ seldom failed to allay the cough, and at the same
“ time to promote perspiration.”

Dr. Macqueen, Great Yarmouth.

“ Opiates (after emetics) generally put all the
“ symptoms to flight.

Dr. Flint, St. Andrews.

“ If the cough was troublesome at night, about
“ twenty drops of tinct. theb. were of great service.

Dr. Campbell, Lancaster.

“ When the cough was violent, opiates were neces-
“ sary and useful.”

Dr. Cleghorn, Dublin.

complaint, especially where there was a disposition to costiveness; strong purges do not appear to have been often given; and from general observation respecting the effect of bleeding, there is reason to think, they would in most cases have been prejudicial.

On account of the great debility which seldom failed to accompany or to follow the disorder, bark and cordials were frequently necessary, especially towards the close of it (46), and though (as was before observed) wine was thought in most cases to be hurtful, there were some in which it was absolutely requisite, even in the course of the disease (47). Bark was also given with advantage where the fever became remittent or

(46) “In some persons, after the febrile symptoms had abated, a great degree of debility suddenly succeeded, and it was necessary to give bark and cordials to those who a few hours before required a contrary treatment.” *Mr. Wilmer, Coventry.*

(47) “In some cases the weakness was such that notwithstanding the cough and pain in the side, wine was absolutely requisite to support the strength and enable them to expectorate.” *Dr. Clegborn, Dublin.*

“At

or intermittent (48), or where there were symptoms of putrescence (49).

The termination, or consequences of this disorder, were like every other part of it, extremely various. In many places not one instance of fatal termination was observed (50), in others, the number of deaths caused

“ At first I forbid all cordial diet, but finding some
“ of them sink early (vide note 35) I allowed them
“ a more full diet; many of them craved much for
“ wine, and I think some were saved by allowing it
“ them freely.” *Dr. Leith, Greenwich.*

(48) “ When the fever became remittent or inter-
“ mittent it was cured by the bark.” *Dr. Cleghorn, Dublin.*

(49) “ In some of those cases which did not termi-
“ in 48 hours, it ran on till it became putrid, and re-
“ quired to be treated as a putrid fever; and even
“ when this was not the case, the debility and prostra-
“ tion of strength were often so great as to require
“ bark.” *Dr. Ruston, Exeter.*

“ In the last state of the disorder (vide note 31) the
“ vis vitæ required to be supported by proper nourish-
“ ment, and particularly by a liberal use of old rhenish
“ wine, and claret diluted with water; bark,
“ blisters, &c.” *Dr. Scott, Isle of Man.*

(50) “ I do not know that in any instance it proved
“ fatal here.” *Mr. Wilmer, Coventry.*

“ The disorder did not prove fatal to any in this
“ neighbourhood.” *Dr. Renny, Newport Pagnel.*

“ It

caused by it was not very small (51); but that number can hardly be determined with precision, on account of the difficulty (in complicated cases) of ascertaining the disorder, on which same account it is probable that more deaths are generally ascribed to an epidemic than it really occasions.

In

“ It did not prove fatal to any in this place.”

Dr. *Livingston, Aberdeen.*

“ I do not know of any that could be said to have
“ died of it, and there appeared no material difference
“ in the bills of mortality.”

Dr. *Murray, Norwich.*

“ None died here except a few who had been pre-
“ viously afflicted with other disorders.”

Dr. *Reilly, Monmouth.*

Vide note 34, Dr. *Morrison*; ditto Dr. *Frazer*.

(51) “ It carried off many old people of this town,
“ and even many of the younger who laboured under
“ pulmonary complaints, by precipitating them into
“ galloping consumptions.”

Dr. *Petrie, Lincoln.*

“ In the last state of the disease (vide note 31) I
“ lost several patients.”

Dr. *Scott, Isle of Man.*

“ Four or five died with symptoms of pleurisy
“ (vide note 20) and several have died hectic.”

Dr. *Daniel, Crewkerne.*

“ I did not lose any, but have been informed of
“ several who died with strong marks of putrefaction.”

Dr. *Ruston, Exeter.*

Vide note 25.—Dr. *Leith.*

In London several pregnant women miscarried in consequence of it, and some of them died.

In general, a great weakness remained after the disease, and the cough was sometimes troublesome for some weeks; but, though from the nature of the symptoms it was with reason apprehended, that pulmonary consumptions would be produced in constitutions which seemed predisposed to them, very few such instances were observed (52), in many places not one (53).

In

(52) “ Of 178 persons who fell under my observation in this complaint, all are perfectly recovered except three women, their coughs still continue and seem to have laid the foundation of pulmonary consumption.”

Dr. Campbell, Lancaster.

Vide note 51, Dr. Petrie,—ditto Dr. Daniel.

(53) “ I know not one instance of the disorder terminating in a phthisis, I cannot therefore think that much of the inflammatory diathesis attended it, or that it is in general an attendant upon epidemic disorders.”

Dr. Flint, St. Andrews.

“ I have met with no consumptions in consequence of this complaint.”

Dr. Kirkland, Ashby.

“ The poorer inhabitants of this place are much subject to pulmonary consumption, but I cannot learn, though I have directed my attention to this point,

In some persons, dropfical or paralytic complaints followed the disorder (54); a very particular kind of atrophy was in one place observed after it, and fufpected to be the confequence of it (55); and fymptoms of mania were fometimes produced by it, where

“ point, that they have been more fo fince the late
“ difeafe.” *Mr. Wilmer, Coventry.*

“ Confumptions were apprehended in habits dif-
“ pofed to them, but no fuch event was obferved to
“ happen in any cafe.” *Dr. Anderfon, Alnwick.*

“ It did not in any cafe within the circle of my obfer-
“ vation degenerate into pulmonary confumption.”
Dr. Biffet, Knayton.

(54) “ In fome aged persons, dropfical and paralytic
“ complaints foon fucceeded the epidemic.”
Dr. Campbell, Lancafter.

“ In thofe patients who had been injudiciously
“ treated by lofing too much blood, the difeafe was apt
“ to run out to a great length of time. In two or three
“ of thefe cafes the legs became œdematous with ful-
“ nefs in the belly, but they were cured by proper
“ ftrengtheners.” *Dr. Scott, Ifle of Man.*

Vide note 55; *Dr. Daniel.*

(55) “ Since writing the account of the late influ-
“ enza, and defcribing as far as they were then known
“ its effects in this neighbourhood, we have had reafon
“ to fufpect that it has produced others very different
“ from any of thofe I mentioned. There have been,
“ during

where no predisposition to that complaint could be traced (56); two instances of which occurred to Dr. Simmons at St. Luke's Hospital. In a few cases however it appears not only that it left no disorder behind it, but that it actually removed some, which the persons affected laboured under before its attack (57).

From

“ during the winter, and there are now (March 15,
 “ 1783,) many in a state of atrophy without any
 “ symptoms of hectic or even any other apparent
 “ disease; a want of strength and a wasting of the flesh
 “ are the only circumstances which call for attention;
 “ the appetite in the beginning is good, and they are
 “ much surprized at their losing both strength and
 “ flesh whilst the food they eat seems more than suffi-
 “ cient to sustain both. There is very soon a yellow-
 “ ness upon the skin, but without the least reason to sus-
 “ pect that the liver is at all injured. The patients are
 “ for the most part costive, though now and then they
 “ complain of a diarrhoea; at length the appetite fails,
 “ there is a sickness and loathing of food, the symptoms
 “ of debility increase fast, the pulse which was little
 “ altered at first becomes very quick and very feeble,
 “ and now there are sometimes transient paroxysms of
 “ fever, like those of hectic, and in this manner the
 “ scene closes. I have seen two or three instances
 “ where the same symptoms terminated in dropsy.”

Dr. Daniel, Crewkerne.

(56) “ A few who were long in recovering had a
 “ slight mania for some short time, and one is not yet
 “ perfectly restored, they were all females.”

Dr. Petrie, Lincoln.

(57) “ I have met with more than one instance in
 “ which a change for the better was produced in the con-
 “ stitution

From the foregoing description it is plain that the disorder here treated of differed very essentially from the common catarrh. With regard to its symptoms, the debility which always accompanied it, and the rapid manner in which it was formed were the most obvious and specific distinctions. In its cure, it is certain that it did not in general bear the loss of blood so well as the common catarrh, of which the case of Dr. Macqueen (see p. 32) is a clear and striking instance; and with respect to its consequences it seems pretty certain, that though pulmonary consumptions were sometimes produced by it, the number of them was much smaller than would have happened if an equal number of persons had been equally affected with common catarrh.

Different opinions have been entertained respecting the manner in which this disease was

“stitution of the patient. One lady in particular who
 “had for two or three years been afflicted with a bad
 “cough, pain in her side, &c. and who I feared would
 “have had all her complaints aggravated by the influ-
 “enza, recovered speedily, and has enjoyed a much
 “better state of health since that period.”

Mr. Henry, *Manchester.*

was produced and propagated. Some physicians thought it arose solely from the state of the weather ; in other words, that it was a common catarrh, occasioned, as that complaint frequently is, by changes in the sensible qualities of the atmosphere, such as the increase of cold, or moisture ; and consequently they supposed it unconnected with any disorder that had prevailed, or did at that time prevail, in any other part. Others, admitted its cause to be a particular and specific contagion, totally different from, and independent, of the sensible qualities of the atmosphere, yet thought that cause was conveyed by, and resided in the air. But the greatest number concurred in opinion, that the influenza was contagious, in the common acceptation of that word, that is to say, that it was conveyed and propagated by the contact, or at least by the sufficiently near approach, of an infected person.

It appears from the Journal de Medecine that the Faculté de Medecine at Paris were of the first opinion ; at their Prima Mensis, the cause of La Grippe, as the Epidemic
was

was commonly called, is ascribed to, *les variations de l'atmosphère* (58).

At Venice also several physicians ridiculed the common name of the disease, (Russian catarrh) and thought the changes of the weather sufficient to account for it; observing, in support of their opinion, that the thermometer had sunk no less than ten degrees of Reaumur's scale, (more than 22 of Fahrenheit's) between the 17th and 19th of July, about which time the disorder first appeared at that place. Other Italian physicians, however, were of a contrary opinion, and one (the Chevalier Rosa, of Modena) has published a treatise upon it, in which, it is said, he strongly and ably contends, that it was contagious (59).

At

(58) “ Cette cause en effet paroît suffisante, sans
 “ aller chercher des rapports entre la grippe dont nous
 “ parlons, et l'épidémie qui a parcourue les pays froids,
 “ ou celle qui regne actuellement en Angleterre sous le
 “ nom d'Influenza.”

Journal de Médecine for August 1782.

(59) “ Nos médecins rioient beaucoup sur cette de-
 “ nomination vulgaire (Catarrhe Russe). En effet on
 “ a remarqué que les variations du thermometre furent
 “ assez remarquables dans les mois de Juin, Juillet et
 “ Aout;

At the first appearance of the disorder, before its character had been attentively observed, or its progress traced, it was in some measure excusable to ascribe it to causes, which, however inadequate to the effect, were the only ones that presented themselves to the imagination ; but at present, when its character has been so well ascertained, and its progress from Russia to England, and from thence to the south of Europe, has been so clearly traced, and is so generally acknowledged, it would be superfluous to endeavour to prove, that which every one admits ; or, should any one think arguments

“ Aout ; sur-tout du 17 au 19 Juillet le thermometre avec
 “ l’échelle de Reaumur a baissé 10 degres et c’est de ce
 “ tems que commença cette maladie. Les alternatives
 “ de chaud au froid furent donc selon nos medecins
 “ la seule cause de ce rhume qui s’est repandu dans peu
 “ de jours parmi les gens de tous les ordres et de toutes
 “ les conditions. Tous les medecins de l’Italie ne
 “ pensent pas comme ceux de Venise sur cette affaire ;
 “ le Dr. Gallicio de Vicenza, et le Dr. Sarga de Ve-
 “ rone, pretendent que cette influence ait été une verita-
 “ ble peste, ou une maladie contagieuse. Le Cheva-
 “ lier Rosa, professeur à Modene, a donné à cette occa-
 “ sion un traité dans lequel il etablit que notre maladie
 “ étoit contagieuse.”

Letter from Dr. Gallini, of Venice, to Dr. Gray.

ments still wanting to shew that the late influenza was not a common catarrh, produced by the changes of the weather, he will find many of that sort in the subsequent part of this account.

But though the idea that the influenza originated in this part of the world, from changes in the sensible qualities of the atmosphere cannot be admitted, it must be allowed that the state of the weather may have had some power in altering or aggravating its symptoms, yet the instances abovementioned (see p. 26) of changes in the weather without any alteration being perceived in the disease, give reason to doubt whether that power was so great as some have supposed it; and with respect to the weather previous to the appearance of the influenza, it is remarkable, that though in most parts of England it had been uncommonly cold and wet, it had, in other parts of the world, where the disorder was equally general, been very dry (60).

Others

(60) "The weather had been very dry with us, whereas in England it had been very rainy."

Dr. Reimarus, Hamburgh.

E

Others, as was before observed, were of opinion, that the cause of the disease, however different it might be from the sensible qualities of the atmosphere, was yet conveyed by the air, from place to place (61); and one gentleman who seems to

(61) Upon the whole, does it not appear that this disorder was owing to infectious particles conveyed in the air? for if it had been occasioned by any particular state of the air, such as heat, or cold, dryness or moisture, it would have shewn itself only where such a temperature of air prevailed. Whereas if it took its rise in China as has been asserted, it is plain the seeds of it were something permanent, that could not be altered by passing through different climates; for though they might produce more violent effects in one place than another, yet this was probably owing to difference in situation or constitution. The materia morbi of the plague, has never, to my knowledge, been able to extend itself through different countries across the ocean, unless concealed from the air in cotton, or such like substances. On the contrary, the cause of this malady shewed its effects in the open air at sea, and landed without its mischievous properties being diminished."

"I believe contagious miasmata seldom, if ever, produce their effects by entering the vasa inhalantia on the surface of the body where the cuticle is not removed. I apprehend they more commonly make their way by the primæ viæ, the lungs, or other external passages; but though the eyes, nostrils and mouth are always alike open to the effects of the air, yet we daily see it seize sometimes one and sometimes another,

to be of that opinion, has given some reasons in support of it, but candidly confesses at the same time, that he sees many objections to them (62). Another gentleman who acknowledges, that upon the whole, he thinks the disorder was contagious, relates some circumstances which occasioned doubts in

“ another, as sore eyes, coryzas, coughs, peripneumonies, sore throats, and epidemic dysenteries, &c. evince. Whereas in this instance it affected the whole, because all the passages were diseased at the same time and shewed signs of being irritated. But the irritating cause was of that kind which does not bring on any considerable degree of inflammation; for, though there was a flux of humours, neither the eyes, nostrils or throat were much inflamed; often no inflammation appeared, and it is reasonable to suppose, the parts about the lungs were in the same predicament; for the symptoms of spurious peripneumony, tending a little towards inflammation commonly affected the patient. The materia morbi, however, manifestly brought on debility, præternatural irritability, and weakened nervous energy, as the symptoms described evince, which effects are very frequently united by the same cause.”

Dr. Kirkland, *Ashby*.

(62) “ I am doubtful if with us its prevalence can be attributed to the contagion that arises from one diseased human body pervading and generating the same in another. Else how should many be seized without any previous communication with-
“ the

in his mind (63). Without pretending to decide so intricate and difficult a question, some observations may, it is presumed, be made upon the arguments adduced in support of this opinion.

They are the following: 1st. That those most exposed to the weather were generally the first persons attacked. 2dly. That many had the disorder without having

“ the diseased? how should those most exposed to the
 “ weather be the first sufferers? or how should I and
 “ others have escaped when surrounded by a house
 “ full of invalids. But this is speculation and I fore-
 “ see many objections to this opinion.”

Dr. Frazer, Southampton.

(63) “ Though the influenza is generally acknow-
 “ ledged to have been contagious, some circumstances
 “ have led me to be rather sceptical, though on the
 “ whole I am inclined to be of that opinion. I think
 “ I have seen whole families seized with it at once,
 “ when few if any of them have been exposed to in-
 “ fection. A lady died this year whose disorder I now
 “ believe to have been the influenza, at least a fort-
 “ night before it became prevalent here, and who, not
 “ having been out of her room for many months, had
 “ been exposed to no contagion. A clergyman, a few
 “ miles from this town, also assured me, that he had
 “ the influenza about the same time, without having
 “ had any communication with, or having heard of
 “ any other person who was ill of it.”

Mr. Henry, Manchester.

having had any communication with a diseased person. 3dly. That several escaped, though surrounded by persons ill of the disease. 4thly. That some *whole families* were seized at *once*. 5thly. That some persons had the disorder a week or fortnight before it began to be taken notice of as a general one.

The first argument, that those most exposed to the weather were generally the first persons attacked, is surely by no means in favour of the opinion that the cause of the disorder resided in the air; for if it had resided there, what should have prevented those who staid at home from being infected; since the air they breathed must necessarily have been the same as that breathed by those who went out; but if on the other hand a communication with some infected person was necessary to produce the distemper, it is very clear that those who went out of doors and mixed with the world were more likely to get it, than those who did not stir from home.

Before the second argument, viz. that many were attacked without having had any communication with a diseased person,

can be allowed to have any weight, it must be clearly proved, not only that the persons themselves had not had any such communication, but also, that no person who had been near them had previously been where the disorder existed; for as it is generally admitted that a person who has had the small pox, can yet convey the infection of that disease from a person ill of it to one who has not had it, so by parity of reasoning, it will surely be allowed that a person not actually labouring under, or not at that time susceptible of, the influenza, could, (if the disorder were contagious) carry the infection of it from one place to another.

From the third argument, that many escaped though surrounded by diseased persons, no inference of any consequence to the present question can be drawn; it being certainly, just as easy to say, why they escaped when surrounded by diseased persons, as why they did so, when surrounded by the same air which had caused the disease in those persons.

With respect to the fourth argument, that some *whole families* were seized at
once,

once, without having been exposed to infection, it may be remarked that what has been said in answer to the second argument being considered, it will be very difficult to prove that they were not exposed to it; and equally difficult to give any reasons why, if the exciting cause of the disorder resided in the air, any whole family should have been affected by that cause, rather than an equal number of persons in divers families; but if we suppose the disease to have been propagated by personal intercourse, it is very easy to conceive in what manner it may have been communicated to some whole families at the same time.

In answer to the last argument, that some persons had the disorder a week or a fortnight before any others were known to have it, it might be sufficient to observe, that the gentleman who mentions those facts, thinks them of no great weight, since he says, that upon the whole, he thinks the disease was contagious; but, admitting those cases to have been really the influenza, the supposition that the cause of it existed in the air, will not render it more easy to explain why those

persons only, should at the time have been affected by that cause.

Of those gentlemen who have favoured the society with their opinions on the nature of the influenza, by far the greatest number agree in thinking it was contagious, according to the common meaning of that word (64).

One

(64) “ I have no shadow of doubt that the disorder was contagious; and am certain, I myself received the infection from a small trunk of wearing apparel which came from Dublin, where it then raged. I may add, that this was the first introduction of it into this town. Dr. Mease, Strabane.

“ The disorder was brought here by some travellers from Edinburgh, and in a few days became general.” Dr. Livingston, Aberdeen.

“ That it was infectious I have no doubt, having frequently remarked with how much facility and dispatch it communicated itself from one to another, amongst those who were within the sphere of its activity.” Dr. Ruston, Exeter.

“ Mr. S. Mr. B. and myself, were taken ill at London (May 16) and whether we brought the disease into the country with us I know not, but our families were all affected by it immediately, and it became general in about ten days.” Mr. Boys, Sandwich.

“ The disease, in its slow and gradual progress towards this place, and subsequent rapid and general diffusion, bears so perfect an affinity to other contagious diseases, that it has left no doubt with me that it is to be considered as of that class. Although

One of the arguments made use of to support that opinion, is deduced from the debility which so early, and so constantly attended the disease, and from the rapid succession

“ though we had heard of its prevalence at Liverpool
 “ and other places, a week before, we had no marks
 “ of it here until the time of our races, when it soon
 “ became general ; probably the great afflux of people
 “ from the places where it was prevalent, many of
 “ whom were labouring under it, might introduce it.”

Dr. Campbell, Lancaster.

“ The universality, with the sudden debility and
 “ great lassitude which always accompanied its first
 “ attack, early and peculiarly marked it as a catarrhal
 “ affection from contagion.” *Dr. Spence, Guildford.*

“ Many reasons combine to make us think it
 “ was propagated by contagion ; to avoid being
 “ tedious, I shall only mention the following ; some
 “ few families in the town, many in the country round,
 “ and even some villages, remained totally free from it.
 “ Whenever one in a family caught it, in general,
 “ the major part or the whole of that family took it.
 “ I think, and so do others, that the time and manner
 “ in which it has been communicated, can, in some
 “ instances be traced ; and that in sitting near an in-
 “ fected person, an irritation of the mucous membrane
 “ of the nose was sensible, such as is produced by
 “ the dust of pepper, and which sneezing tended to
 “ remove. We had heard of it, and it had prevailed
 “ in London sometime before it appeared amongst us,
 “ and we know of some persons who arrived here from
 “ thence, labouring under it. To this I might add,
 “ that

succession of its symptoms; those circumstances however, are by no means decisive, and allowing them to give some weight to the opinion that the disorder was contagious,

“ that a lady returning to Kirkham (about 30 miles from hence) was seized with it just before her departure, and though I would not assert that she conveyed the complaint thither, yet I believe it is certain, that no one had been attacked with it there before her arrival, and that it became very general soon afterwards.”

Dr. Houlston, Liverpool.

“ I am inclined to believe, that the late influenza was communicated by human effluvia, and not by any matter generated in the atmosphere alone. What I have myself seen of the disorder, the whole tenor of the reports I had from others, and the analogy it bears to other contagious disorders, all lead to this conclusion: not to mention the difficulty of accounting for such a peculiarity in the atmosphere; its occurring ten or twelve times in the course of a century at no regular or certain periods; and that no naturalist has yet been able to ascertain in what this atmospheric matter consists. I would not, however, be understood to speak with confidence on the subject, nor do I deny that a certain condition of the atmosphere may not possibly favour the propagation of the effluvia from their first source: the extensive progress of the disease over so large a portion of the globe, will be thought to favour such an opinion. I only assert, that the analogy between the symptoms of the influenza and those produced by contagious effluvia, is, in every respect, uniform and complete.

“ It

gious, they do not at all assist in determining whether the contagion was conveyed by the air, or by personal intercourse.

If the common and general progress of the influenza be taken into consideration, it

“ It may be observed also, that the greater number of
 “ contagious diseases are evidently attended with a ge-
 “ neral debility; and that this debility not only rises
 “ to a greater degree, but is also more suddenly in-
 “ duced than in all other diseases, (if there are any ex-
 “ ceptions to this remark, it is only in respect to those
 “ few diseases that attack but once in life, as the small-
 “ pox, measles, and hooping cough.) And I never heard
 “ an instance of men falling down so suddenly, and
 “ with such a train of symptoms as I mentioned on
 “ the authority of Capt. Kelly, (see page 28) but
 “ where contagion was supposed to be the cause. Ano-
 “ ther remark occurs to me on the subject of contagion
 “ which I do not remember to have met with in me-
 “ dical writers. It is this, that contagious effluvia have
 “ a natural tendency to lodge in the mucous mem-
 “ brane of the body, and exert their greatest force in
 “ those parts. I do not venture this as an universal
 “ position, but I have no doubt of its being very ge-
 “ neral. Besides its application to the influenza; the
 “ measles, hooping cough, malignant sore throat, dy-
 “ sentery in all its forms, the gonorrhœa, and perhaps
 “ the small-pox are all strong confirmations of it; even
 “ the slow, nervous, and putrid fevers are often accom-
 “ panied with affections of the throat and lungs; and
 “ a cough and expectoration are frequent symptoms to-
 “ wards the crisis of such disorders.

Dr. Macqueen, Great Yarmouth.

it will certainly be found to favour the opinion, that the disease was propagated by personal intercourse; it was in general observed, that some one person of a family was first attacked, and then several more of that family; and where that was not the case, those deviations from the more usual progress of the disorder may be easily explained, by a supposition of circumstances not at all improbable, and too obvious to require to be pointed out; but in many instances the introduction of it into a place, seems to be pretty clearly traced to some particular person or persons (65). In that mentioned page 8, it certainly appears to have been carried on board the ships by the Custom-house officers; it would be more easy to form an opinion on that head, if it were known how long before that time, any of them had laboured under the disease, or had been where it existed; it may not, however, be impertinent to observe, that it is possible that the power of exciting the disorder might not

(65) Vide note 64, Dr. Livingston.—Ditto Dr. Houlston.—Ditto Mr. Boys. Note 68, Dr. Clark.

not leave those who had been affected with it until some time after the symptoms of it had quitted them.

A very remarkable circumstance respecting its progress is, that it was sometimes prevalent in one place a week or two before it became so in another only a few miles distant from the first. In some cases of this sort, the situation of the places deserves to be taken notice of; thus, for instance, it was at Dartmouth much sooner than at Exeter, and yet it was at Exeter much sooner than at Tinnmouth, though the last mentioned place is situated between Dartmouth and Exeter (66).

It was not observed at Plymouth until the very latter end of May, though it was in the western part of Cornwall so early as the 19th of that month, on which day, two of the North Devon regiment of militia were seized with it (67).

This

(66) "At Dartmouth it began much sooner, and
"at Tinnmouth, which lies between both, it began
"much later than at Exeter." *Dr. Ruston, Exeter.*

(67) The progress of the disorder through that regiment was observed by Mr. Mortimer, the surgeon of it, to be as follows: On the 19th of May
two

This slowness and irregularity in the progress of the disease may be easily accounted for, if we admit that it was conveyed by infected persons; but if we suppose it was conveyed by the air, they seem utterly inexplicable.

Another remarkable fact remains to be taken notice of; which, though it is not mentioned as an argument of very great weight, certainly merits some consideration. The influenza prevailed in Russia in the months of December, January, and February, and in Italy and Spain in the months of July, August, and September, consequently its cause must have been capable of resisting almost the two extremes of European heat and cold; a degree of permanence difficult to be conceived, if we suppose that cause to have resided in the air.

Some, who had no doubt that the disorder was communicated by infected persons, yet thought it might also be conveyed

to
two were attacked; 20th, two; 21st, four; 22d, four; 23d, one; 24th, none; 25th, none; 26th, one; 27th, one hundred and twenty; 28th, twenty; 29th, forty-seven; 30th, forty-four; 31st, eleven; June 1st, seven; 2d, five; 3d, five; 4th, three; 5th, none; 6th, three; 7th, two; 8th, two.

to a *considerable distance* by the air (68).

This latter opinion, however, certainly cannot be supported by any analogical reasoning from known facts ; for though the

(68) “ The disease first made its appearance at
 “ Shields, the port of Newcastle, on or about the
 “ 26th of May ; and what is remarkable, before it
 “ seized any person in the town some ships had arrived
 “ from London, where the disease was epidemic, whose
 “ crews had laboured under the distemper on their pas-
 “ sage. And on the 27th and 28th of the same month,
 “ a very considerable number of vessels came into the
 “ harbour from the river Thames, after a sail of a
 “ little more than forty-eight hours. The first family
 “ (at Newcastle) as far as can be ascertained, was
 “ seized on the 28th of May ; and as the persons who
 “ were attacked kept a public shop, it is more than pro-
 “ bable they received the infection from some sailors
 “ who had arrived from the ships at Shields. This
 “ opinion of the disease being introduced into New-
 “ castle by infection, is farther confirmed by the fol-
 “ lowing fact, for which I am indebted to Alexander
 “ Adams, Esq. The master of a vessel who arrived at
 “ Shields in forty-eight hours after he left the river
 “ Thames, came to his office on the 28th of May, la-
 “ bouring under the distemper. On the 29th one of
 “ the clerks in the office was seized, and, as far as I can
 “ learn, was the second person who was attacked with
 “ the disease in town. From whatever cause the pre-
 “ sent influenza may have originally originated on the
 “ continent, where it was first observed, from the
 “ account given of its introduction into this part of the
 “ country, there cannot remain a doubt of its being of
 “ an

the absolute contact of an infected person is not supposed necessary to convey a contagious disease, we have no reason to think the power of communicating it extends to any considerable distance in the open air; a free exposure to which, seems so to divide, and dilute (if the expression may be allowed) all infectious effluvia, that their virulence is intirely destroyed. Even the infection of the plague, is

“an infectious nature. It is probable, however, that
 “the manner in which it is communicated, differs
 “widely from that of other contagions. The small-
 “pox and plague, for example, when they appear in
 “any town or city, are gradually communicated from
 “person to person. At first houses, then streets, and
 “at last large portions of the town are infected. The
 “effluvia arising from the bodies of the sick, in these
 “diseases, not being capable of tainting the air to any
 “considerable distance, the contagion remains for a
 “long time in a place. But the infection of the influ-
 “enza being of an exceedingly diffusible nature, it is
 “reasonable to suppose, that the contagious effluvia
 “float in the air to a considerable distance, and by
 “being applied to the mucous glands in inspiration,
 “infect numbers of persons at the very same instant of
 “time. Hence the disease, in a few days, spreads like
 “an universal conflagration in every place where it is
 “introduced, and soon totally disappears.”—*Letter on*
the influenza, from Dr. Clark of Newcastle, to Dr. Leslie.

is not supposed to be communicable to any great distance by the air alone, though it is admitted, that certain substances, such as cotton, wearing apparel, &c. may be impregnated with it, and if secluded from the air, may convey the disorder from one place to another; in one instance the influenza seems to have been transported in that manner (69).

Upon the whole, the progress of the disorder is certainly more easily explained upon the supposition that it was propagated by personal communication, than by any other that has been suggested; in objection to that hypothesis, however, it is credibly affirmed, that the crews of several ships were seized with the influenza many miles distant from land, and came into various ports of England labouring under it; the same thing is said to have happened to ships in the East Indies, and other parts. A want of precision, or of authentication respecting the circumstances above alluded to, makes it improper to draw any

(69) Vide note 63. Dr. Mease, Strabane.

any inferences from them ; but without pretending to deny the truth of them, the following anecdote will serve to shew that great caution is requisite before they are admitted.

Mr. Henry of Manchester, informed the society, from what he thought good authority, that a ship from the West Indies to Liverpool, was by stress of weather, driven out of her proper course, into a higher north latitude, where her whole crew were seized with the influenza ; but wishing afterwards for more accurate information on the subject, he wrote to Dr. Currie, of Liverpool, desiring him to make every necessary inquiry into the matter ; that gentleman, who took great pains to investigate the affair, at last met with the surgeon of the vessel, from whom he learnt that before the crew were seized with the disorder, they had been off the north of Ireland, and had had some communication with the inhabitants of those parts.

But, admitting it should be, by unquestionable evidence, established, that the disorder in some instances, broke out on board ships, to which it could not possibly have been

been

been conveyed by personal communication ; it will by no means follow that it was not generally propagated in that manner. No one doubts that putrid fevers are contagious, yet every one admits they frequently originate without communication with an infected person. Even the effluvia of persons in perfect health, by being confined, are well known to acquire a virulence capable of producing contagious disorders ; indeed every disorder of that kind, must, in the first instance, arise from causes very different from those by which it is afterwards propagated.

A very singular and extraordinary fact was communicated to the society by Dr. Macqueen, with which it is presumed this account of the influenza will not be improperly terminated ; the symptoms of that disorder, and those of this about to be described are so very similar, that there is great reason to suspect they are of the same species ; but it must be confessed, that the fact itself seems inexplicable, upon any hitherto known and acknowledged principle.

“ Amongst the islands on the western
 “ coast of Scotland, there is one very
 “ remote from all the rest, named St.
 “ Kilda. It rises like a rock in the ocean,
 “ about 16 or 18 leagues west of the Lewes
 “ islands. This place is inhabited by 20
 “ or 30 poor families, who subsist chiefly
 “ on the flesh and eggs of sea fowls,
 “ which they have in prodigious quan-
 “ tities. They have besides a small quan-
 “ tity of barley, and a considerable num-
 “ ber of sheep. The open and boisterous
 “ sea around them, together with their
 “ distance from every other land, exclude
 “ these poor islanders from the rest of their
 “ species ; and they scarcely ever see a hu-
 “ man being, except once in a year, when
 “ they are visited by the steward, who re-
 “ ceives the rent in feathers, wool, and
 “ mutton.

“ St. Kilda being an appendage to that
 “ part of the Lewes called *Harris*, and
 “ the property of Mr Macleod, the steward
 “ always resides in the latter place. He
 “ makes his annual voyage to St. Kilda
 “ in the month of June, when the day
 “ is longest, and the season most temperate.

“ His

“ His retinue consists of ten or a dozen
 “ men, sufficient to manage a large open
 “ boat, such as are in common use in
 “ these islands. The inhabitants meet
 “ him on the beach, and prompted by a
 “ desire of intelligence, as well as a respect
 “ for his person, all assemble round the
 “ strangers. But behold the consequence !
 “ The next day the steward has hardly a
 “ St. Kilda man at his levee. They are
 “ universally seized with a catarrh or cold,
 “ as they call it, which rages so fast that
 “ in twenty-four hours, every individual
 “ on the island is generally laid by. The
 “ symptoms are a cough, head-ach, sneez-
 “ ing, and coryza ; from which they re-
 “ cover in a few days by drinking largely
 “ of water-gruel, and other diluting li-
 “ quors that promote perspiration. This
 “ is so invariably the case, that it is
 “ considered as the natural and infallible
 “ consequence of the steward’s visit, and
 “ the poor people are prepared accordingly.
 “ I remember Dr. Cullen mentioned this
 “ circumstance in his Lecture on the Ca-
 “ tarrh about six years ago, when I at-
 “ tended

“ tended him, but I have had still better
 “ opportunities of knowing the matter in
 “ its full extent than the Doctor, and
 “ my connexions in that part of the
 “ country enable me to give it on the
 “ strongest grounds of authenticity.

II. Remarks

II. *Remarks* on the Influenza of the Year*
 1782. By JAMES CARMICHAEL SMYTH,
 M.D. F.R.S. *Physician Extraordinary to*
His Majesty.

THE late influenza or epidemic catarrh which was almost universal in London, during the last week in May, and the beginning of June 1782 (1), was very generally accompanied (in those cases which came under my observation) not only with the usual catarrhal symptoms, but with

F 4

others

* These remarks not having been communicated to the society early enough to be incorporated in the preceding account, they have thought it right to publish them separately.

(1) This epidemical distemper, which was so extremely general in London for about ten days or a fortnight, from the time it was first publicly noticed, very soon declined; and about a fortnight afterwards was only to be heard of in some straggling instances of strangers arriving in town. But although the epidemical catarrh quickly disappeared, it seemed to leave behind it an epidemical constitution, which prevailed during the rest of the summer; and the fevers, even in the end of August and beginning of September, assumed a type resembling in many respects, the fever accompanying the influenza.

others no less distressing to the patient, and which were still more alarming to the physician; such as great languor, lowness, and oppression at the præcordia; anxiety, with frequent sighing, sickness, and violent head-ach. The pulse was uncommonly quick and irregular, and the sick were frequently delirious, especially in the night. The heat of the body was seldom considerable, particularly when compared with the violence of the other symptoms; the skin was moist, with a tendency to profuse sweating. The tongue white or yellowish, but moist.

Some persons complained of severe muscular pains either general or local, others had erysipelatous patches or efflorescences on different parts of the body, which in one instance terminated in gangrene (2) and death.

I ob-

(2) The patient alluded to, was a lady who had miscarried in the fifth or sixth month of her pregnancy, and with considerable hæmorrhagy. She had from the beginning a small quick pulse, with great lowness, and was at times delirious. She complained of a violent fixed pain in one shoulder, and had an erysipelatous inflammation on one arm, which, from its appearance, caused no alarm, but a gangrene took place

I observed petechiæ but once, and then only two days before death.

Those attacked with the influenza were in general taken suddenly ill, and the symptoms in the beginning, or for the first twenty-four or forty-eight hours were extremely violent, bearing no proportion either to the danger or duration of the distemper.

Children and old people either escaped entirely, or were affected in a slighter manner. Women with child, when seized with the disease, were apt to miscarry; or if far advanced in their pregnancy, to be delivered before their time; in either case the hæmorrhagy was considerable, and several died,

Patients

place in a part of the body where it was least expected. She had the day before mentioned, though in a slight manner, that she felt a soreness on the inside of one of her thighs; the day following, upon her complaining of this soreness which was now in both thighs, the surgeon was desired to examine the parts affected; he was greatly surprized to find a mortification considerably advanced on the inside of one thigh, with an erysipelatous inflammation and beginning mortification on the other; the progress of which was so rapid that it extended in twelve hours as high as the abdomen, and soon put a period to her sufferings.

Patients subject to pulmonic complaints, suffered much from the cough, difficult breathing, and other peripneumonic symptoms; and to them also the disease proved dangerous or fatal.

The head-ach which accompanied the influenza may be distinguished into three kinds.

1st. The uneasy weight, foreness, and distention of the forehead, usual in common colds.

2nd. The violent sick head-ach, arising from the affection of the stomach, and relieved by vomiting.

3d. The head-ach during which the patients complained of a sensation as if their head was splitting, with a severe shooting pain at the vertex: this last head-ach was most usual in peripneumonic cases, and seemed chiefly occasioned by the violence of the cough.

The fever began with irregular chilliness, had considerable exacerbations and remissions, and was always greatly increased towards night; but even then the heat of the body

body and thirst were seldom so great as might have been expected, and the accessions of fever, were chiefly marked by the encreased quickness of pulse and delirium.

The frequency of the pulse was (3) greater than is common in fevers; nor do I remember to have felt so frequent and at the same time so irregular (4) a pulse, in any fever attended with so little danger, and of so speedy and easy a termination; the violence of this being commonly over in twenty-four or forty eight hours.

Many, from the beginning, were delirious in the night-time, and during the exacerbations of fever, who were perfectly recollected and distinct in the day and during the remissions; but even where the delirium

(3) The pulse was often 120 even in the remissions of fever, in the accessions 140, and sometimes so frequent that it was impossible to reckon it; in many instances it was irregular and intermitting.

(4) The irregularity of the pulse is in a great measure characteristic of malignant contagious fevers; the pulse in other cases, bearing a more certain relation to the symptoms of the disease and to the degree of danger.

rium continued, it was not a constant one, but might rather be called a wandering than a delirium, as the sick knew those who spoke to them, would answer some questions distinctly, and a few minutes afterwards talk incoherently; a fixed stare of the eyes at the time, and a kind of wildness in the countenance, were also very expressive of this state or condition.

The delirium which we have just now described, though unnoticed (so far as I know) by any practical writer, is not unusual in the putrid fever, and differs as materially from the low delirium incident to the last stage of that disease, as it does from the phrenetic delirium of the febris ardens, or of any inflammatory fever.

During the whole of the influenza I met with only one instance of true phrenetic delirium, and it may not be foreign to the purpose to remark, that it happened to a patient who had been three times bled, had swallowed no heating cordials, and who was taken every day out of bed, conformable to the judicious practice of Sydenham,

denham (5), expressly with the intention of preventing this termination of the disease.

Respecting the danger of the influenza, physicians, I find, have entertained somewhat opposite opinions; possibly owing to the difference of place and situation. In London, although the distemper, doubtless, proved fatal to many, yet it could hardly be accounted a dangerous one, if the number who died, be compared with the prodigious number of those who recovered.

Of the Cure of the Disease.

T H E late influenza might very properly have been named the sweating sickness, as sweating was the natural and spontaneous solution of it, and rest, abstinence, and warm diluents, were, in most instances, all that were necessary for the cure; yet, amidst such an amazing number and variety of cases, many occurred which required some further medical assistance, and when that became necessary it was of the utmost importance that it should

(5) Vid. de febre comatosa.

should be procured early: for the disease, when neglected, or improperly managed in the beginning, sometimes ended in a malignant fever of difficult treatment and of very doubtful termination. And although the tendency to profuse sweating often continued, it now only weakened the patient, and a critical or salutary solution of the disease, in consequence of this evacuation, was no longer to be expected; nor do I recollect a single example of profuse sweating being attended with any advantage after the first forty-eight hours (6).

The medicines which I found most serviceable in abating or carrying off the fever, were, small doses of an antimonial powder, composed chiefly of tartar emetic; the *julep. e camphora.* with about a fourth part of the *spirit. mindeneri*; the common

(6) During my attendance on a gentleman ill of one of those fevers, I observed a very singular appearance upon entering his bed-room one morning; his face, particularly the upper eye lids, sides of the nose, upper lip and chin, and the part of his neck above the collar of his shirt, were covered with a fine white powder; which, upon a more close examination, seemed to be a saline matter, or crystallization, formed by the sweat evaporating or drying where it was exposed to the air.

mon saline draught, with ten or fifteen grains of the *pulv. contrayerv. c.* or what I commonly preferred, from twenty to forty drops of the *liq. anod. min. Hoffm.* adding occasionally, a small quantity of the pargoric elixir.

In cases of great lowness, besides the drinks and nourishment usual in fevers, I allowed the sick white wine whey, wine and water, and weak veal broth.

For removing the oppression at the præcordia, sickness and head-ach, no means were so certain as vomiting with tartar emetic, *en lavage*, that is, giving it in small doses, largely diluted, and repeated every ten or fifteen minutes, till it produces the desired operation. This medicine administered in this manner, had also a very remarkable effect in bringing on a remission of the febrile symptoms, and in accelerating the termination of the disease. It likewise commonly opened the body; when that was not the case, some gentle laxative was given.

The cough required not only plentiful and warm dilution, but opiates and blisters, were also very necessary; and where the
sick

sick were attacked with stitches, or acute pains about the chest, with difficult or laborious breathing, and other peripneumonic symptoms, the propriety of bleeding was, in my opinion, clearly and evidently pointed out; nor can I think any physician justifiable in neglecting the use of the lancet under such circumstances. At the same time I am ready to acknowledge, that bleeding, though necessary to obviate the fatal consequence of a particular symptom, was by no means conducive to the general cure of the disease; that, on the contrary, the lowness and dejection were often increased by it; that the blood taken away had not always an inflammatory appearance, but was sometimes florid, and the crassamentum tender; that the relief afforded by bleeding, was neither so considerable, nor so certain as in other similar cases of peripneumony; and that in the course of the disease there frequently appeared unequivocal signs of a putrid tendency. But, admitting the whole of these facts, and granting that they ought to make a physician cautious of taking away blood, so freely perhaps, as he otherwise

wise

wife would do, and as the urgency of the symptoms might seem to justify, yet they surely do not lead to an entire prohibition of the use of the lancet, at least in those cases where there was evidently no alternative, and where, although the effects of bleeding might be doubtful, the consequence of omitting it was certain. Upon such occasions, the advice of Celsus is the voice of reason, “*Satius est enim anceps*” “*auxilium experiri quam nullum.*” Besides bleeding, blisters applied as near as possible to the parts affected were here, as in similar cases, of very essential service, in removing the stitches in the side, and in relieving the difficulty of breathing, so that we may justly apply to them what an eminent author said of the peruvian bark, that he found it most serviceable where it was most wanted; for in cases purely inflammatory, where bleeding of itself will commonly do every thing, blisters are less necessary; but in those of a mixed nature, where the assistance of blisters is more immediately required, the relief afforded by them is in general more certain.

Some may think it strange that amongst the remedies employed in the treatment of this disease, I have made no mention of oily medicines, such as emulsions, linctuses, &c. nor of the peruvian bark. In regard to oily medicines, I have often observed, that the advantage derived from them in cases of catarrh, attended with heat and fever, was extremely equivocal; and that wherever there was nausea, oppression and uneasiness at the stomach, with a bitter taste of the mouth, and nidorous eructations, they did more harm than good; as these symptoms so frequently occurred in the influenza, I thought it safest to omit their use entirely.

The peruvian bark has of late years been cried up as a panacea, and employed by many physicians in almost every fever. How far this practice has been successful with others I will not take upon myself to say; but it appears to me, to have opened a very wide door to empiricism, and is directly contrary to my experience of this medicine, which, though one of the most valuable that has ever been introduced

duced into the *materia medica*, has, upon many occasions, where I have given it, or have seen it employed, either had no sensible effect, or has aggravated the symptoms of the disease. But, as it is foreign to my intention, to enter, at present, into any discussion of this subject, I shall only remark, that in the influenza, the cough, affection of the breathing, and oppression at the *præcordia*, where they occurred, were to me sufficient reasons for not employing it; and that even where these symptoms were not present, and in cases where the great lowness, and apparent putrid tendency, seemed not only to justify, but even to demand the use of the bark, I never was so fortunate as to see one single instance where it produced any sensible good effect, either in moderating the fever, supporting the strength, checking the disposition to gangrene, or in preventing the fatal catastrophe that ensued.

When the fever, and other immediately alarming symptoms of the influenza had ceased, there frequently remained a teasing cough; and convalescents in general com-

plained of languor, want of appetite, and that their sleep was interrupted and unrefreshing. For removing these complaints, and compleating the recovery of the patients, change of air, and riding on horseback were the most effectual remedies; and to some they were absolutely necessary. A milk diet was recommended where the cough was obstinate; but I did not find it either necessary or of advantage to enjoin so strict an antiphlogistic regimen as is usually done in similar complaints. Neither do I know of any instance where the cough terminated in a phthisis pulmonalis, and I am much inclined to believe that this fatal termination was much less frequent after the influenza than after a common cold. For the lowness and want of appetite, chalybeate waters, especially when drank at the spring, were of singular service. I also frequently prescribed, and I think with advantage, the elixir of vitriol with Hoffman's anodyne liquor, taken to the quantity of thirty or forty drops in a bitter infusion, or in a decoction of the bark.

In

In this short account of the late influenza, I have offered no conjecture with regard to the original cause of the distemper, or the manner in which it was propagated. Opinions on this subject, if not merely hypothetical, must be founded on a number of well authenticated facts, collected at different times and by different persons; and I apprehend, from the present state of our knowledge, that we can hardly venture to say, even what it is not, still less to affirm, with any probability, what it is.

III. *An Account of a gouty Body, dissected*
by HENRY WATSON, F. R. S. Surgeon to
the Westminster Hospital. Read March 12,
1782.

A GENTLEMAN, once very well known in this town by the name of Whig-Middleton, died of the gout at the age of fifty years.

He had been a most free liver in his youth, and became a martyr to the disease so early, that, without impropriety, he might have been called an old man at forty.

The last ten years of his life, were by much the most uncomfortable; for in that space of time, from having been a tall, active, well-looking man, he lost all strength and vigour of mind, became much emaciated, was greatly dejected, and had all his faculties impaired. He had not been able for a long time to lie straight in his bed. His legs were drawn up to his thighs, and his thighs to his belly, his knees resting on his breast; and it was
in

in this contracted situation I found the body, when I was sent for to examine it, the day after his death.

Since we seldom meet with the gout so strongly marked, this was an inviting opportunity for investigating its various appearances; but that required deliberation. However, the friends of the deceased being sensible, unprejudiced people, I easily obtained leave to take my own time.

Upon looking over the body I observed one of the great toes to be much enlarged, and upon dissection found the first joint of it inclosed in a bed of chalk like a fossil-shell: but the bone itself was neither increased in size, nor altered in its texture.

The joints of the fingers were also swelled and knotty, every knot being a lump of chalk; and I was told, that when he played at cards, he used frequently to score up the game with his knuckles.

On the middle of the right tibia there appeared an oblong tumour resembling a node, over which the integuments were very thin, and ready to burst: it was a mere deposition of chalk between the skin and periosteum, and though thick and

large, had not as yet done any injury to the bone.

Mr. Middleton, at different times, but more particularly a little before he died, complained greatly of violent excruciating pains in his head, often imagining that he was falling, or tumbling down head-long. This of course led to an examination of the brain.

After sawing through the cranium all round, it was found impossible to remove the bone, without also dividing the dura mater, which being done, the adhesion appeared not to be owing to the extraordinary depth of any of the furrows on the inside of the scull, which indeed is sometimes the case, but to an inflammation, thickening, and induration of the dura mater; and this, I think, will sufficiently account for those lancinating pains in the head so grievously complained of.

The fasciculated texture bordering on the sinuses was remarkably strong. Here, the glands, as they are called, were large, and very distinct. The brain itself being as firm as wax, would on that account, have been extremely favourable for a demonstration,

monstration, but that was foreign to the present purpose.

There was rather a large and unusual quantity of lymph, clear as the purest spring water, accumulated in all the ventricles. The pia mater appeared exceeding pale from the poorness of the blood contained in its vessels, with a sort of clear jelly deposited in the cellular membrane connecting its two lamellæ.

The outer surface of this membrane was also smeared with a smooth chalky mucus of the colour and consistence of cream. The medulla oblongata and medulla spinalis were much firmer than any other part of the brain; the tunica arachnoides was thickened, harsh, and gritty; and the glandula pinealis quite destroyed, nothing remaining, but its membranous coat filled with concretions resembling very small pearls.

The body, though so much emaciated, upon opening the abdomen, afforded an appearance of fat under the skin, at least two inches in thickness, and very firm.

The mesentery was equally loaded, so that the intestines appeared as if buried in

in fat. Two thirds, at least, of the circumference of the gut were invisible.

The stomach and intestines afforded no very particular remarks; they were in a healthy condition, though pale and thin, being greatly distended by accumulated air.

The spleen and pancreas were found; the liver indurated, of a pale yellow colour, with the gall-bladder buried in fat, and containing but little bile; and that thin, and watery.

These viscera being all removed, the abdominal portion of the aorta was brought to view by dissection, and then appeared ossified the whole way, from the diaphragm to the very termination of the iliac arteries.

The kidneys were small in size, and filled with hydatids, the external surface of the right one, being almost covered over with those little bladders.

The *vesica urinaria* appeared thick and much contracted, as in those who suffer a violent death, having little urine within it; and not the smallest particle of stone, gravel, or chalk; nor were any such particles observed in the kidneys.

In

In the thorax where we have fewer parts, we found much less disease.

The valves of the heart, with all the great vessels emerging from its basis, and the whole thoracic portion of the aorta, were perfectly free from ossification.

The lungs, though in a soft and pretty healthy state, were not without some slight marks of the disease, as a small stone was found in one of the lobes; but the bronchial glands, accompanying the trachea, were filled with gouty matter.

Having remarked all that merited notice in the three larger cavities of the body, it remained only to look into the joints of the lower limbs, which certainly deserved some attention.

These joints were so very rigid, that it was not without some labour and fatigue we got them into any tolerable situation, so as to allow us to come to the abdomen; but on examination, the cause of this contraction appeared evidently enough owing to the state of the ligaments, which were hardened, much thickened, and had lost their polished hue; while the synovia, like a mixture

ture of chalk, oil, and water, was become thick as cream and as smooth.

The cartilages were not much altered; nor were they marked with any grooves or ridges, such as are seen sometimes in gouty joints that have been exercised.

From this examination it should appear, that the gouty matter has the strongest tendency towards the extreme parts of the body, and generally fixes in the greatest quantity, where the weaker impetus of the circulating fluids is most likely to leave it.

Is it not remarkable, where we had so much of the distemper, that there should have been no marks of it in any of the hollow viscera; neither in the kidneys, liver, spleen or pancreas?

It has been, I believe, a pretty common opinion, that those who have gouty concretions in their joints, are very liable to the stone in the bladder and kidneys; as if the one disease were generally productive of the other.

Is not this pronouncing rather too much? for of all the patients cut in our hospitals,

hospitals, men, women and children, how few do we meet with that have any the slightest indications of gout about them?

Both the gout and the stone are morbid secretions, and may possibly exist together, in one and the same subject; but differ essentially in their material principles, and have very different tendencies.

The calculous matter is formed in the urinary passages—the gouty deposits itself generally on bones, cartilages, membranes, and lymphatic glands.

The gouty seems to be a kind of earth different from that, which generally forms a stone in the urinary bladder; for it never appears lamellated, or to have any kind of nucleus, but is white, soft and uniform throughout; it may be dissolved, and being ground down by the motion of a joint, readily mixes with the synovia, forming a smooth creamy fluid.

The gouty earth is then a kind of greasy bole, which may easily be made to mix with oil and water, which, in general, the calculous cannot be made to do; so that
in

in every respect, in colour, form and consistence, it seems to differ essentially from that which lays the foundation, and causes the increase of the stone in the bladder.

Fig. 4.



Fig. 5.



Fig. 1.



Fig. 2.



Fig. 3.



IV. *A Case of Proptosis.* By Mr. EDWARD
FORD, Surgeon to the Westminster General
Dispensary. Read April 9, 1782.

THE advantage of recording unsuccessful cases in surgery is so generally acknowledged, that I flatter myself, the following one will not be unacceptable to the society, although the event was unfavourable.

Charlotte Forrest, a girl three years old, born of healthy parents was brought to me in the month of July 1781, with a *Proptosis* of the left eye. The tumour projected to a considerable distance from the edge of the orbit, was covered with a hard dry crust, and discharged a fœtid corrosive matter. The right eye was perfectly free from disease. The patient had no head-ach, was very lively, and appeared in every other respect to enjoy a good state of health.

The parents informed me that about a year before she had been affected with a scabby eruption on her head, which soon yielded

yielded to a saturnine application, and that within a month after the disappearance of the eruption, an inflammation and swelling had taken place in the left eye, for which she had been under the care of different empirics; that the tumour had continued to enlarge, till the sight of that eye was totally lost; and that one day, after slipping down, it burst, and discharged a quantity of sanious matter.

From the nature of the complaint it seemed obvious that a total extirpation of the diseased eye was the only resource left; and from the account given of its progress, there was no reason to form an unfavourable prognostic. Accordingly the operation was performed in the presence of Dr. Duncan of Edinburgh, Dr. Jackson, Dr. Bland, Dr. Simmons, Mr. Vaux, and several other gentlemen. Upon removing the cellular membrane in which the eye is enveloped, we discovered a small scirrhus tumour at the bottom of the orbit, surrounding the optic nerve. This was entirely removed, together with a large portion of the nerve itself.

The

The operation was performed without any considerable hæmorrhage, and the eyelids not being diseased, were preserved.

Upon macerating the tumour in water, great part of the spongy substance, which had made so large a prominence in the face, dissolved. The optic nerve was harder than common, and of a cineritious colour. The humours of the eye were converted into a black gelatinous substance, but its coats had not undergone much alteration.

For some time after the operation, the patient was free from pain, the wound looked well, discharged a thick matter, and the cavity filled up with red granulations. It was observed, however, that she did not acquire strength. She became paler and more emaciated, and at the end of the third week, was suddenly and totally deprived of the sight of her remaining eye.

There was no inflammation on the surface of this eye; the cornea, and the chrySTALLINE humour were free from any defect; but the pupil was very much dilated, and the iris incapable of motion,

so as to exhibit the appearance of a gutta serena.

Various means of relief were attempted without effect. The patient languished in a very emaciated state, with frequent vomitings, and convulsions, and died on the 20th of October, 1781, two months after the operation.

The day after her death the head was examined in the presence of Mr. Watson, and the gentlemen who had assisted at the operation.

The membranes of the brain were in a healthy state. The lateral ventricles contained an ounce and a half of a serous fluid, the greatest part of which was in the left ventricle. There was no morbid appearance in the *corpus callosum*, *plexus choroides* or *fornix*; but on removing the roots of the latter, we observed that the interior part of the *thalami* of the optic nerves was of a greyish colour, and much firmer than usual.

The upper part of the brain was now removed, and under the anterior lobes we found a swelling larger than a hen's egg, formed by an enlargement of the
thalami

thalami on the left side; and, upon raising this substance from the cranium, we discovered the cause which had so suddenly deprived the patient of the sight of her right eye.

This swelling, which seemed to have begun on the left side, having gradually increased in bulk, had at length pressed upon the right optic nerve. The compression had been so violent, that the nerve was removed from its natural situation, as it were, and bent against the clinoid process of the *os sphenoides* so forcibly, that the portion of the nerve between this process, and the *foramen opticum*, was diminished one half of its usual size, while the portion nearer the brain retained its usual appearance. The disease extended backwards almost to the *medulla oblongata*, comprehending the pituitary gland. The cerebellum, and all the other parts of the *encephalon*, were in a sound state, as were likewise the coats and humours of the right eye.

From the bulk of this tumour, and from the morbid appearance of the left

optic nerve, at the time of the operation, may it not be concluded that the disease had existed in the left side of the brain previous to any affection of the right eye? If this be allowed, does not this circumstance tend to weaken an opinion which Cheselden and others have supported, that the nerve of each eye arises wholly from the opposite side of the brain.

V. *A singular Case of Hydatids.* By
 SAMUEL FOART SIMMONS, M. D.
 F.R.S. Read April 9, 1782.

MARY HUMPHREYS, of Poultney-Court, Soho, a married woman aged forty-four years, was admitted under my care at the Westminster General Dispensary, in January 1781.

Her principal complaint was an enlargement of the abdomen, which began to be perceptible soon after a lying-in, about the year 1772, and had gradually increased from that time.

She informed me that at first the swelling was more considerable on the left than on the right side of her belly; and even at the time I first saw her although the whole abdomen was greatly enlarged, yet the distention still seemed to be most conspicuous on the left side. This circumstance led me to suspect that the disease was a dropsey of the ovarium.

Her face and limbs were emaciated, and in proportion as her belly had increased in bulk,

bulk, she had become subject to shortness of breath, cough, and latterly to a purulent expectoration and hectic fever; so that to the original complaint there was now added a pulmonary consumption, which seemed to be making a rapid progress.

For the space of two months a variety of remedies were administered, but without any good effect. The patient's cough and difficulty of breathing grew every day more and more distressing, and she became anxious to have recourse to tapping, as the only means that seemed likely to afford her relief. Mr. Ford, surgeon to the Dispensary, was consulted. As a fluctuation was distinctly to be felt, we agreed to attempt the operation, and it was accordingly performed in the usual manner.

On withdrawing the stilet about two quarts of a yellowish fluid were discharged with great velocity; but before the size of the abdomen was sensibly diminished, the stream suddenly stopped. From this circumstance the dropsy was supposed to be of the encysted kind. The patient was put to bed, an opiate was administered, and she was directed to be kept cool and quiet.

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The day following she was not worse than she had been for some time before ; but on the 30th of April, about a fortnight after the operation, her expectoration, which for several weeks had been in the quantity of about a pint a day, began to lessen, and on the 3d of May she died. The next day Mr. Ford opened the dead body in the presence of Dr. Bland and myself.

Upon opening the abdomen we discovered that the distention of it on the left side was occasioned by an immense cyst filled with hydatids of various sizes, resembling those which are usually met with in the liver. After taking out sixteen pints of these hydatids, we traced the course of the sac, and observed that it adhered to the whole of the concave surface of the liver, and likewise to the omentum, mesentery, and peritonæum, being uniformly of a firm, tough texture, and of considerable thickness.

Upon pressing the thorax, hydatids poured out in great quantity from that cavity into the abdomen, and upon introducing a finger at the part from which they issued, we found that it passed with

ease into the thorax, through an opening in the upper and fleshy part of the diaphragm.

The sternum being now carefully removed, a most singular appearance presented itself to our view :—On the right side, the liver was seen extending from the spine of the ilium up to the fourth rib. As the diaphragm was pushed so high up on that side, the right lobe of the lungs was compressed into a very small space, but without being apparently diseased. The heart and pericardium were likewise in a sound state, but the texture of the left lobe of the lungs was in a great degree destroyed by suppuration.

In tracing the course of the great cyst already spoken of as filling the left side of the abdomen, we found it perforating*, as it were, the diaphragm, and then expanding again, adhering to the pleura and mediastinum, and filling almost the whole of the left cavity of the thorax. The
upper

* For an account of the manner in which such a perforation may take place, the reader is referred to Morgagni's celebrated work, *De sedibus et Causis Morborum*. Lib. iv. epist. 54. sect. 27.

upper part of this sac communicated in several places with the diseased lungs, and upon pressing the latter, matter flowed into the cyst. We introduced a probe into one of these passages, and it passed far enough into the substance of the lungs to account for the expectoration of pus through those channels. If the patient had lived much longer, it is possible she would have coughed up hydatids, as one of the openings from the cyst into the lungs, was large enough to admit a goose quill.

We now removed the liver, an enormous mass that weighed sixteen pounds and a half, and upon cutting into the upper convex part of it, we found a large cyst formed within its substance, and containing ten pints of hydatids.

Of the usual appearance of the gall-bladder there was not the least vestige; but the state of the first cyst we had opened, the bile that was floating in it, the yellow tinge of the hydatids it contained, and the villous texture of its inner surface, left us no room to doubt that this sac was the gall-bladder thus wonderfully enlarged and thickened. Of its communication with
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the ductus choledochus we could discover no traces; but that part of the cyst which seemed the most likely to afford us some marks of it was deeply tinged with bile.

The uterus and its appendages, the stomach and intestines, spleen, pancreas, kidneys, and urinary bladder were all of them in a natural state.

To the description I have given of this singular disease it may not be improper to add, that I can find no resemblance of it in the works of Bonetus, Morgagni, or any other collector of rare and extraordinary cases, whose writings I have had an opportunity of consulting. There are, indeed, not wanting instances* of enormous distentions of the gall-bladder, but all those which I have read of differ very essentially from the one I have related.

* See Philosophical Transactions, No. 333. p. 426. Edin. Med. Essays, vol. II. p. 303. Memoires de L'Academie de Chirurgie, tom. I. p. 155.

VI. *Observations on that Species of Hæmorrhage which is occasioned by an Attachment of the Placenta to the Cervix Uteri.*
 By ANDREW DOUGLAS, M.D. Read
 May 7, 1782.

A DISCHARGE of blood from the uterus, during pregnancy, which is always an alarming complaint, becomes dangerous when it occurs in the latter months; and is particularly so when occasioned by an attachment of the placenta over the cervix uteri. This attachment, which has been over-looked by the earlier writers in midwifery as a cause of hæmorrhage, seems to have been first taken notice of by Levret: but it has been well known and described by teachers of midwifery in this town, for many years past, as a circumstance, which, whenever it takes place, must inevitably produce flooding at some period previous to delivery. This fact having been so long ascertained, it is rather surprizing that it should not have suggested some decided mode of treatment. The late Dr. Hunter, who deservedly held
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a most distinguished rank in his profession, had formed no determined opinion on this subject. He admitted the general principle of delivery as a last resource; but pointed out no criterion by which we might judge when it would be proper to attempt it. I know some men of high character in the practice of midwifery who are inclined to recommend speedy delivery; and Mr. Rigby of Norwich, in his Essay on Uterine Hæmorrhage, has furnished some useful observations on the subject: but the language still too generally held is this:—*That by the continuance of the flooding the os uteri will lose its rigidity, and that there is probably a point of time, when it will yield easy admission to the hand for the purpose of turning, the woman still having blood sufficient for the performance of the animal functions.* If there were any real foundation for this idea, and we could by any sign determine the critical moment, we should have obtained the great desideratum in the management of uterine hæmorrhages. But unfortunately the supposition is altogether visionary; at least my own experience absolutely forbids any such expectation.

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I shall confine the few observations I have to offer, to the case already specified, viz. that in which the placenta is attached over the cervix uteri. Till of late it was the received opinion, that the cervix uteri began to dilate about the third month, and continued gradually to stretch, and become shorter, till the term of gestation was compleated. The late Dr. Hunter has enabled us to form more clear and correct ideas on this subject. His dissections and accurate observations establish as a fact, that the cervix uteri remains contracted through its whole length, to the seventh, eighth, or even ninth month. In none of the cases where I have found the placenta presenting, could the appearance of flooding be dated earlier than the seventh month; in some it did not commence till near the full term. At whatever period the dilatation begins, it will destroy the perfect union between the uterus and placenta; and blood will necessarily flow from the vessels whose communications are broken. This, accumulating within the uterus, and separating more and more of the placenta, will at last be sufficient to

to overcome the resistance at the os uteri, and a great discharge of blood will declare the dangerous situation of the patient. Not that the danger is always immediate, for the hæmorrhage seldom kills by a single attack; but it abates, and returns, and every return brings increase of danger.

There is no case, in which it is of so much consequence that the practitioner should take his measures speedily, or in which he is less at liberty to trust to doubtful remedies.

Whenever we are satisfied that the flooding is in consequence of an attachment of the placenta over the cervix uteri, delivery should be attempted immediately: for could we suppose a case in which, notwithstanding the loss of blood, the powers of the uterus were undiminished; these powers could not be directed to any good purpose. The placenta, adhering by its whole circumference, becomes a band which strongly resists the dilatation of the cervix; and at the same time acting as a cushion interposed between the child and the os uteri, prevents their ever coming into immediate contact. Hence the womb is
deprived

deprived of that stimulus, which in other cases is excited by the pressure of the membranes and child at the os uteri; and were the labour pains sufficiently strong to overcome such an obstacle, the danger to the patient would not be diminished, by the placenta being first expelled.

The principal objections to delivering early in uterine hæmorrhages, are founded on the rigid and contracted state of the os uteri, and the danger of injuring it by efforts to dilate it. I should wish this fear to operate so far as to prevent the hasty application of great force; but not to delay or check the intention to deliver, when regulated by gentleness and prudence.

In floodings near the full term, rigidity of the os uteri may not, even at the commencement of the attack, prove any obstacle to the introduction of the hand. But I have not seen one instance of recovery, where, in the seventh or eighth month, there was no resistance to my first endeavour to dilate. This very yielding state of the os uteri is to me always an alarming symptom. It cannot be considered as the effect of uterine action, which
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in this case, if it takes place at all, is feeble and unavailing. We have every reason, therefore, to fear, that it is in consequence of a diminution of vital power from blood already lost. It therefore becomes of infinite moment to discourage every idea of waiting till the os uteri is soft and easily dilatable; since it is an event which very seldom occurs till our endeavours can be of no use. If delivery is long delayed, the womb, deprived of its energy by the greatness and continuance of the hæmorrhage, will not have power to contract itself when empty; and the vessels opening on its internal surface, having their diameters undiminished, will continue to pour out blood till the woman is quite exhausted.

Another argument in favour of speedy delivery, is the uncertainty of the manner in which different constitutions may be affected by a loss of blood. While one survives the effusion of a quantity almost incredible, another sinks under a discharge by which we are scarcely alarmed.

From the wisdom with which our organs are adapted to perform their various functions,

functions; from my own experience and the observations of others, I am inclined to think, that the os uteri cannot be so susceptible of injury as has been supposed. In many cases of abortion, and premature labour, when thick, rigid and contracted, it sustains for many hours, without any bad consequences, the action of the most forcible pains. This species of action must be as great a violence to nature, as dilatation slowly and gently performed by a prudent and cautious operator. And the circumstance of its being brought about in the one case, by the hard bones of a child's head acting on the os uteri from within; or in the other, by the hand acting from without, cannot make any essential difference in its effect upon the parts. The cases which I have seen, justify me in thinking that we ought, on no account, to be deterred from attempting to deliver, where the danger is so imminent and certain; and the ill consequences apprehended, so remote and doubtful. Mauriceau, La Motte, Deventer and others, have not expressed much fear of injuring the os uteri, even by introducing the hand

in the more early months of pregnancy. Le Roux, a respectable modern author, says, the os uteri is sometimes torn with little inconvenience. I was myself called in after delivery, to a poor woman who had evidently suffered this accident, yet she recovered without hæmorrhage, fever, or inflammation, and afterwards bore several children. In short, I have seen enough to convince me, that Peu's prediction of certain death to the patient from using force to dilate the os uteri, is ill-founded; that rupturing the membranes, stimulating the os uteri, and trusting to the labour pains to deliver, as recommended by Levret and Puzos, cannot be depended on, in cases where the placenta is attached over the cervix; but that where this species of attachment is certain, speedy delivery affords almost the only chance of life to the patient. To effect this, our efforts to dilate the os uteri should be pursued with gentleness, but perseverance; and the delivery finished by extracting the child footling, as soon as the hand of the operator can pass. This will happen sooner or later in different cases, even when the circumstances

cumstances appear in all respects similar. For although the continued application of some dilating power, may greatly dispose the os uteri to relax, yet that relaxation does not seem altogether to depend on a mere mechanical cause, however applied. On the contrary, even at the full term, when the natural process has not been precipitated, the os uteri will often, for a long time, resist the strongest action of the labour pains; and at last yield almost instantaneously. In abortion and premature labour the same is to be perceived in a still greater degree. And in cases of flooding or convulsions, when the practitioner has persevered, even for hours, in his endeavours to dilate, with little sensible effect, it frequently happens that the os uteri suddenly loses its rigidity, becomes soft, and readily admits of the necessary dilatation. This is perhaps to be accounted for, from the stimulus of the labour pains, or the operator's efforts, when urged to a certain degree, exciting some action of the uterus, of which this relaxation is an effect. And whether this is

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the consequence of mechanical or sympathetical stimulus, it is sufficient to encourage us to continue our attention, that we may be ready to avail ourselves of the first favourable moment.

When the os uteri will admit the hand, delivery being then in our power, it may be finished directly, or in a gradual way. A wish to save the child's life is the only inducement to follow the first method; but the safety of the mother is more certainly promoted by slowly extracting the foetus. I generally endeavour to bring away the placenta as soon as possible, that I may with more effect introduce tow, or rag moistened with vinegar, so as to fill the vagina. This is what Le Roux calls the *tampon*, and has hitherto answered my expectations, in every case in which I have used it after delivery.

Thus have I ventured to give my opinion in favour of an old practice. If it has often failed to answer the purpose for which it has been recommended, many of the failures may justly be ascribed to the means having been too long delayed. No one can be more averse than I am, to interfere

interfere in Nature's operations, or to substitute my own efforts for those of the constitution; but that species of hæmorrhage which arises from this unfavourable attachment of the placenta, does not encourage the smallest hope, that the constitutional powers will ever be able to act with any good effect. That so hazardous an operation as forcible delivery should be undertaken with reluctance, is not surprizing: The idea will convey the most alarming sensations to the patient and her friends, and the success must ever be doubtful, yet the operator will always be considered as particularly answerable for the consequences. But when the life of a fellow-creature is at stake, when little is to be hoped from the efforts of nature, when the powers of medicine would disappoint us, and endanger our patient by delay; no fear of censure, nor any consideration, excepting that of her safety, ought to engage our attention for a moment.

VII. *An Account of an Aneurism of the Aorta.* By SAMUEL FOART SIMMONS, M.D. F.R.S. Read October 22, 1782.

THOMAS KENTON, of New Exchange Court, in the Strand, a middle-sized man, about forty years old, by trade a bookbinder, was admitted under my care at the Westminster General Dispensary, on the 18th of Sept. 1782.

He complained of a constant, and painful throbbing sensation in the right side of his chest, especially about the upper part of the sternum, a little below the clavicle. He had likewise a troublesome cough, and breathed with extreme difficulty, like one who is in perpetual danger of suffocation. His face was livid and bloated, his pulse in each wrist was small, and with difficulty to be felt, and his hands and feet were slightly œdematous.

The patient ascribed the origin of all these complaints to a blow he had received on his breast six months before by falling
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out of a cart. Previous to this accident his health, he said, had been unimpaired, but from that period he had constantly been afflicted with more or less of pain and pulsation in his breast, cough, and shortness of breath. For several weeks before I saw him he had been unable to lie on his back, and could sleep only on his right side; but even in this posture he was frequently obliged to start up on a sudden to avoid suffocation. His difficulty of breathing likewise was at times considerably increased, and attended with a most painful spasm in the direction of the diaphragm, which he compared to a rope drawn tight round his chest. This stricture of late had returned at shorter intervals and with increasing violence, so that when thus affected he could draw his breath only by leaning forwards.

Upon examining his chest the skin on the right side of the sternum had a livid appearance, and the cutaneous veins were slightly varicous. The cartilages of the second, third, and fourth ribs were pushed a little outwards, so as to give an evident appearance of inequality to the two

sides of the thorax, the right being much more prominent (especially at its upper part) than the left, in which nothing preternatural was observable.

Upon laying my hand on the sternum no pulsation was perceptible, but when my fingers were pressed between the second and third ribs close to the sternum, the patient complained of great pain, and at this part an obscure, deep-seated pulsation might be felt.

As the case was interesting I requested Dr. Bland and Mr. Ford, my worthy colleagues at the Dispensary, to see the patient. We all thought the most probable cause of his symptoms to be an aneurism of the aorta. He was accordingly advised to keep himself quiet, to lose a little blood from time to time, as his symptoms might require, and to be careful not to exasperate them by intemperance. Proper medicines were prescribed at the same time to obviate costiveness, as of late he had often passed several days without going to stool.

He attended a second time at the Dispensary on the 20th of September, and
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again on the 23d. His symptoms were in every respect the same as before. On the 27th in the morning he sent to request my attendance at his lodgings. I found him sitting on a chair, leaning forward struggling for breath, and unable to express, by words, the uneasiness he laboured under. His face was more livid and bloated, and his hands and legs more swelled than before. He had sent for some person in the neighbourhood to bleed him just before I saw him, but the taking away about ten ounces of blood had not sensibly relieved him. Soon after I entered the room he was seized with one of those horrid spasms which he had before mentioned to me, and during its continuance, which was for several minutes, every moment seemed likely to be his last.

When I visited him again in the evening he was lying in bed, reclined on his right side and complaining less of the stricture than in the morning. In other respects his symptoms were unabated. Two members of this society (Dr. Hicks and Mr. Watson) did me the favour to accompany me at this last visit, and to examine the
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case. The patient died early the next morning, and in the afternoon Mr. Ford opened the dead body in the presence of Dr. Bland, Mr. Dawes, Mr. R. Simmons and myself.

The abdominal viscera were all in a natural and healthy state. After removing the integuments from the intercostal muscles, we could easily distinguish by the position of the latter, that a fluid was contained in the right cavity of the thorax. The sternum, and part of the ribs on each side were carefully removed. The upper part of the sternum was of a more spongy texture than is usual in a healthy state. Adhering to the pleura at this part of the sternum was a large aneurism of the aorta. This was cautiously dissected away, by which means the sac was rendered so thin that in taking it out it burst at this part, and was found to be filled with a coagulum, which towards the sides of the sac was every where of a firm buffy texture. Between the aneurismal sac and the bodies of the vertebræ was the vena cava superior adhering to the aneurism by means of cellular membrane, and so much compressed, that

that the irregularity produced in the circulation by this circumstance, was probably the immediate cause of the patient's death.

The bodies of the vertebræ contiguous to the aneurism were covered with an appearance like diseased glands such as these bones frequently exhibit when they are begining to become carious. The lungs were not materially diseased, but the right lobe was compressed into a small space by the sac, and adhered firmly to the pleura. The heart was of its natural size and in a sound state. We collected about a pint of water in the right cavity of the chest, and there was likewise an ounce or more in the left.

Of the appearance of the aneurism in its ruptured state, when taken out of the body, the society will be enabled to form a very exact idea from two drawings by Mr. Tomkins, which accompany this paper. The preparation itself is in the possession of Mr. Ford.

At the interior part of the sac we found *a* a cyst formed within its substance. It was large enough to contain a shilling, and was filled with a curd-like substance. It
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is represented in one of the drawings as it appeared after it was opened and emptied.

The aneurismal sac itself was lined with a polypous concretion, to which it owed a great part of its thickness, and which peeled off after it had been macerated two or three days in water.

The aorta began to be præternaturally dilated a little above its origin from the heart, but the aneurismal sac appears to have been formed by a partial dilatation of that artery at the anterior part of its curvature, for the ascending branches are seen contiguous to each other, though somewhat larger than usual.

Although an aneurism of the aorta is unfortunately one of those diseases in which the medical art can avail but little towards removing the complaint, yet something may be done to palliate the sufferings, and perhaps even to prolong the life of the patient by judicious treatment, especially where the nature of the disease can be easily determined. It is therefore of consequence to ascertain its pathognomonic symptoms. For this purpose the present history may probably be
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of use. It corroborates the observations made by Ruysch and Littre that an aneurism of the aorta may exist in a considerable degree with little or no pulsation, and that the pulsation may become obscure in proportion as the firmness of the coagulum in the sac increases.

The relief which the patient experienced in his breathing by leaning forwards, is likewise a circumstance worthy of attention. The same thing was observed by Morgagni in a similar case, where the aneurismal sac pressed on the vena cava superior.

The spasmodic stricture of the diaphragm also, when it accompanies other symptoms of disturbed respiration and irregular circulation, may serve as an additional clue to the diagnostic in these melancholy cases. In three instances of aneurism of the aorta which have fallen under my own observation this stricture has uniformly occurred.

By attending carefully to the symptoms that accompany diseases of this sort, we may in time, perhaps, be enabled to determine, how far this, or any other, has a right to be considered as pathognomonic. Incipient aneurisms are at present generally
 confounded

confounded with other diseases of the chest under the denomination of asthma, and the symptoms remain but too often unnoticed till the disease manifests itself externally. Were the phænomena of these complaints to be observed with accuracy from their earliest attack, we should probably soon have less reason to complain of the obscurity of this part of our pathology.

The knowledge of aneurisms of the aorta has been very properly ranked among the improvements which did honour to the last century; and it would reflect equal credit on the present were we enabled to ascertain the symptoms by which this disease may, with certainty, be distinguished before there is external tumour with pulsation.





VIII. *An Account of a fatal Vomiting, apparently brought on by a Disease of the Kidneys. By the late WILLIAM KEIR, M.D. Physician to St. Thomas's Hospital. Read March 25, 1783.*

A WOMAN, about thirty years of age, complained of nausea, which had continued two days before she applied to me for relief, and which was attended with a vomiting of whatever she swallowed.

More than a week had elapsed without any evacuation by stool. On examining her belly, a tumour, larger than a fist, was found deeply seated in the right side, nearly at an equal distance between the cartilages of the last false rib and the spine of the ilium. This tumour, which, from the thinness of the patient, could be distinctly felt both before and behind, was perfectly circumscribed and moveable in every direction. She had observed it six weeks; and it was so free from pain, that she suffered no uneasiness when a person, who imagined it consisted of hardened fœces, pressed it so strongly as to persuade

persuade himself of its doughy consistence, and of having left the impression of his finger on its surface. Her skin was hot, her tongue covered with a brown crust, and her pulse about 120 in a minute. She could give no distinct account of any preceding disorder, or of any cause to which her complaints might be ascribed, except that her health had been bad for some time, and that she had recovered but a few weeks before from an ague.

Three experienced practitioners, who examined the patient with me, were of opinion that the tumour was an accumulation of hardened excrement in the colon, and that the obstruction thence arising occasioned the vomiting and other symptoms.

In conformity with this opinion, a stimulating glyster, and a carminative julep were recommended. The julep was immediately returned; but the glyster after being retained some time, produced five stools. The vomiting, the tumour, and the other symptoms continued as before; notwithstanding the repeated application, on the following day, of

of a liniment consisting of camphor dissolved in æther, with a solution of soap in spirit of wine, and an eighth part of thebaic tincture, to the region of the stomach. Twenty grains of cathartic extract, with a grain of opium were then given; but in less than an hour they were vomited up. About this time her urine was observed to be in small quantity, and, even when recently voided, to have a whitish turbid appearance.

With these symptoms, which, from this period, were frequently accompanied with a hiccough, she lived six days; during which, a mixture, containing lemon juice and salt of tartar in effervescence, was often given without relief; and glysters were from time to time injected, by which stools were generally procured.

About four or five days before her death, she mentioned a slight uneasiness towards the left side of her navel, and a small degree of pain at the pit of the stomach. From these however she seemed to suffer but very little, for she spoke of them only when she was strictly questioned whether she felt any pain. The tumour already

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mentioned never seemed to be attended with pain.

During the last two or three days her pulse beat irregularly about forty strokes in a minute. She was now inclined to sleep much, but was easily roused, and free from delirium. Under these complaints she gradually sunk and died.

On examining the body, before dissection, the tumour in the right side of the belly was found still to retain its former size and situation; and on opening the abdomen, it was immediately seen to be the right kidney greatly enlarged. Its surface however was smooth and equal; and on cutting into its substance, it seemed to be found. A few small irregular calculi adhered to the membrane lining the pelvis of this kidney, the cavity of which contained a small quantity of bloody fluid. Blood also was found in the right ureter, which, in other respects, was in its natural state. The right emulgent vein was so large as when flattened to measure more than three quarters of an inch in breadth. The corresponding artery was of the usual size. Of the left kidney, which had a lobulated

bulated form, scarcely any thing seemed to remain but the investing membrane; which was filled with a substance like chalk reduced with water into the consistence of thick paste. Dispersed through this were found some fragments of calculous matter of the size of grape-stones. The ureter of this kidney was of unequal dimensions in different parts; in some, of the usual diameter, in others, much dilated, and filled with a matter which appeared the same with that which was lodged in the kidney. The urinary bladder was empty; its substance was thicker than usual; and the vessels on its inner surface were more conspicuous than they commonly are. But in none of the urinary organs could the smallest trace of inflammation be perceived.

The peritoneum and omentum discovered no sign of disease. The stomach was perfectly sound. In the intestines, (the whole length of which was carefully examined,) no vestige of inflammation, or obstruction, no unusual quantity of excrement or of air, nor any mark of imper-

fection was seen. The liver and spleen were in a healthy state; but a few small tubercles appeared in the pancreas. In the thorax nothing preternatural was found.

The circumstance, in this case, which appears chiefly to merit attention, is the vomiting connected with a disease of the kidneys, in which neither pain nor inflammation were concerned, and from which, as no other adequate cause could be found, the vomiting must be thought to have arisen. This conclusion would be less allowable, if the present were the only instance of its kind. But although certainly rare, it is perhaps not entirely unexampled. A case with similar symptoms is recorded by Morgagni *.

The patient, a man of sixty, after being long subject to a vomiting, which had resisted many remedies, began to void his urine with a mixture sometimes of blood and sometimes of pus.

In a few days, under the continuance of these complaints, he died. In this case, pains of the thighs had been observed from

* De Sedibus et Causis Morborum. Lib. iii. Epist. 30. Art. 22.

from the beginning, with a frequent propensity to discharge his urine, and a difficult retention of it, especially in the night. A certain hardness too was perceived about the right "*regio epicolica*." But no pain appears to have affected the kidneys or the parts in their neighbourhood. From these circumstances, joined with the consideration that diseases of the kidneys had been common in the patient's family, Morgagni concludes, (although the body was not examined by dissection,) that the cause of the vomiting was a disease of the right kidney.

The facts which I have stated admit of useful application. 1st. They afford a proof of a closer and more extensive sympathy between the kidneys and the stomach than has generally been thought to subsist. It has long been known that the stomach may be much disordered by diseases of the kidneys, attended with inflammation or with violent pain; but that a state of those organs, accompanied with neither, should produce a similar effect, has not, I think, been commonly imagined.

2dly. They may help us to distinguish between diseases of the intestinal canal,

and those of the kidneys. If sickness and violent vomiting should occur without pain or any sign of inflammation, the cause of the disease, even if constipation should attend, might with more reason be sought for in the kidneys than in the intestines; because the nature and the structure of the intestines hardly admit of the supposition, that a cause confined to them should occasion violent vomiting, without affecting the part where it is seated in a violent manner; which it can hardly do without producing a painful contraction, or an inflammatory state; and I know no instance of an obstinate vomiting produced by a disorder of the intestines without pain; whereas we are now possessed of two cases, where vomiting appears to have been supported with uncommon obstinacy, by a disease in the kidneys without any mark in them either of pain or inflammation.

IX. *On the Efficacy of the Spiritus Vitrioli dulcis, in the Cure of Fevers.* By JAMES CARMICHAEL SMYTH, M.D. F.R.S. *Physician Extraordinary to His Majesty.* Read April 8, 1783.

“ WE may observe (says a late eminent writer) * that in fevers in different countries and different ages, besides those remedies which have a manifest action, physicians have used others, which, though operating imperceptibly, were imagined to be of some efficacy towards conquering the disease.”

A very little professional experience, will convince any one of the truth of the preceding observation; and a further acquaintance with the subject will as certainly lead him to regret, that whilst the remedies of the second description, which either theory or fashion have introduced, are many and various; the number of the first are extremely limited.

The peruvian bark, the different preparations of antimony, and some of the neutral

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* Sir John Pringle, in his *Observations on the Diseases of the Army.*

tral salts, comprehend, I believe, all the medicines whose efficacy, independent of evacuations, are universally admitted in the cure of fevers. Whether or not the dulcified spirit of vitriol deserves to be added to them, I shall leave to others to determine; and confining myself for the present, to the mere duty of an historian, briefly relate a few facts respecting the use of this medicine, which possibly may be thought not altogether unworthy of public notice.

The vitriolic acid has been long known as a useful remedy, and stands highly recommended by Riverius and Sydenham, for allaying febrile heat and thirst, abating inflammation, resisting putrefaction and checking hæmorrhage; and Sydenham informs us, that he chiefly depended upon this medicine for moderating the eruptive fever in the confluent small-pox.

The spiritus vitrioli dulcis, a composition principally of the volatile vitriolic acid and alcohol, differs very materially from the fore-mentioned medicine, and when prepared in the manner directed by the London College, shews little or no acidity

acidity to the taste ; but has a peculiar pungency, and agreeable flavour, resembling the vitriolic Æther, or Æther of Frobenius, a small quantity of which is commonly mixed with it.

This medicine, though long kept in the shops, has very seldom, I believe, been employed in practice ; a preparation extremely analagous to it, well known by the pompous title of *liquor anodynus mineralis Hoffmanni* being commonly preferred as an antispasmodic ; but neither one nor the other (so far as I have been able to learn) had in this country, ever been used in the cure of fevers, previous to the year 1769 ; unless the dulcified spirit of vitriol may be said to have been so, as forming part of the composition of a quack medicine sold in town by the name of Clutton's febrifuge tincture *.

It was in the summer of the year 1768, that I began to make trial of the dulcified

* This medicine had long been laid aside, and was little known, when it was again introduced to public notice by Mr. Sutton, who used it in the composition of a drink he gave to his patients under inoculation, which he called his *punch*.

fied spirit of vitriol in the cure of fevers. From reflecting on the sensible qualities and composition of this medicine, I was led to imagine, that I should find it useful as a cordial and antiseptic, in cases of the putrid and malignant kind. A little experience convinced me that my conjecture was well founded, and that the medicine was possessed of powers even beyond what I had at first suspected; but having at that time few opportunities of making such experiments as would prove satisfactory, I applied to a friend, physician to one of the royal hospitals, of whom (after explaining to him my opinion of the efficacy of the medicine) I requested the favour that he would give it *alone*, in the first cases of fever which should occur at the hospital, and by so doing enable us to judge fairly of its real effects.

The five following cases then, being the first in which it was thus administered, I shall give as they stand in my journal; and having myself minuted down the particulars of each, and taken the reports daily at the bed-side of the sick, I can answer for the truth and accuracy with which they are related.

C A S E

C A S E I.

Ann Parker, a young woman about twenty years of age, who had been seized with a fever eight days before, was admitted into the hospital on the 25th of October 1768, with the following symptoms, viz. great weakness; lowness and anxiety; oppression at the præcordia, with frequent sighing, and constant drowziness, being always asleep, unless roused by speaking or calling to her; her tongue was white and moist; her neck and breast covered with many small petechiæ of a dark brown colour; the heat of her body considerably increased, and her pulse about 120 in a minute.

About five o'clock in the afternoon of the same day, she began to take the dulcified spirit of vitriol in the following form:

R. Spirit. vitriol, dulcis	drachmas tres
Aq. puræ - - -	libras duas
Sacch. albi - - -	uncias duas
Misce capit. uncias duas secunda quaque hora.	

October

October 26th—Pulse 108. She sweated after taking the medicine; rested well in the night, and has less of the oppression and anxiety.

27th—Pulse 94. The medicine agrees with her, and continues to occasion a moisture on her skin; she is still drowsy and dozing, but when roused is perfectly sensible. Having had no stool since her admission into the hospital, she was ordered to take the following bolus at bed-time:

R. pulv. rhabarb. - - - scrupulum unum
 Sal. nitri - - - - grana decem
 Syrup. simpl. q. f. fiat bol.

28th—Pulse 88. The bolus purged her three times; she continues to have a moisture on the skin; rested well in the night; is always asleep even during the day, and has no complaint but weakness.

29th—Pulse 86. Her skin cool and temperate; and excepting a constant drowsiness, is free from complaints.

30th—Pulse 72. The lowness and drowsiness continue; in other respects she is well. She was ordered beef-tea.

31st—Pulse 62. Her skin is temperate; she is still low and languid; her urine does not break nor deposite a sediment.

Nov. 1st

Nov. 1st.—Pulse 65. She rested well in the night; as she now begins to loath the medicine, it is discontinued, but not having recovered her appetite and strength, she was directed to take a decoction of bark, and a few days after was dismissed cured.

C A S E II.

William Winbrough, a young man about nineteen years of age, who had been seized with a fever a week before, was brought to the hospital October 25, 1769. At the time of his admission his skin was extremely hot; his pulse 100 in a minute; he complained greatly of head-ach, anxiety, debility and dejection. When he endeavoured to put out his hands, or to shew his tongue, they were affected with a remarkable tremor. His tongue was white and moist; his countenance flushed, and the white of his eyes had a turbid appearance. There were florid petechiæ on his neck and breast, with a red rash all over his breast and arms. He was ordered the dulcified spirit of vitriol, in the same manner as in the preceding case.

October

October 26th—Pulse 80. He sweated after taking the medicine ; has passed a good night, and says that he is perfectly easy. Having had no stool, he was ordered a common glyster.

27th—Pulse 78. Complains of nothing but weakness. The moisture continues on his skin ; his tongue is still moist and white ; the glyster having failed in procuring an evacuation, he was ordered to take at bedtime a rhubarb bolus.

28th—Pulse 66. The bolus has operated four or five times ; he continues to sweat gently ; the medicine agrees with him, and he is so much relieved by it that (to use his own expression) he thinks it has saved his life.

29th—Pulse 68, full and strong. The tremor of his hands still continues, though in a less degree, and his countenance has a dull and heavy appearance.

30th and 31st—Pulse 68. His urine now breaks and deposits a sediment ; he is free from complaint, and begins to have an appetite for food.

Nov. 1st—Pulse 56. The tremor, petechiæ and rash are now entirely gone ; his countenance

countenance is more lively; the *spirit. vitriol. dulcis* was now laid aside, and he was ordered to take a decoction of bark and snakeroot.

Nov. 2d—Pulse 52. His urine deposites a lateritious sediment; he still complains of weakness and giddiness, but expresses a desire for meat.

3d and 4th—Grows daily stronger, and has, in a great measure, recovered an healthy appearance. A few days afterwards was dismissed the hospital.

C A S E III.

Sarah Ford, a woman about fifty years of age, was admitted into the hospital on the first of November, 1768. She was of a delicate and weakly constitution, and had for many years been subject to hysterical complaints. About a fortnight before, she had been seized with a shivering, succeeded by heat, head-ach, pain of her back, violent vomiting and purging. The vomiting had soon ceased, but the purging, though not so violent as at first, at the time of her admission continued, together with

with head-ach and pain of the back, anxiety, weakness, lowness and great thirst. Her pulse was 120 in a minute.

The *spirit. vitriol. dulcis* was ordered in the same manner as in the two former cases, only with this difference, that instead of three drachms there was half an ounce put to each quart of water. She was directed likewise to use the *decoct. album* for common drink.

Nov. 2d—Pulse 92. She has only taken the medicine three times, and has always sweated after taking it. Her head-ach still continues, but the anxiety and pain of her back are greatly relieved.

3d—Pulse 72. She slept but little in the night; the purging has entirely ceased; her skin feels temperate, and she has no complaint but giddiness and weakness.

4th—Continues free from fever, but is still weak.

5th—Having no complaint but weakness, is directed to take a decoction of bark, and in a few days was dismissed, cured.

C A S E

C A S E IV.

Ann Bird, a young woman nineteen years of age, was admitted on the 1st of November, 1768. About six days ago, she was seized with a fever and sore throat, attended with head-ach and vomiting. The *velum pendulum palati*, uvula, and tonsils were swelled and greatly inflamed. The inflammation was of a crimson colour, with whitish sloughs on the tonsils and uvula. She had great pain in swallowing, and even in speaking; and sometimes a degree of difficulty in breathing. There was a red efflorescence on her face and arms. Her pulse was 120 in a minute. All her symptoms were greatly aggravated towards evening.

She was ordered the *spirit. vitriol. dulcis*, in the same manner as in the two first cases, and also a gargle for her throat.

Nov. 2d.—She has sweated constantly, though not profusely, since she began to take the medicine; has had a tolerable night, being neither so hot, nor having so much difficulty of breathing as before.

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Has bled at the nose in the night, and again this morning. The inflammation and swelling of the fauces are much abated, but the white sloughs remain on the uvula and tonsils; and the red efflorescence is still to be observed on one arm. She can swallow with greater ease, and speaks more distinctly. Her pulse is 78 and full, and she complains much of giddiness.

Nov. 3.—Her pulse is now 80; her skin cool; her throat greatly better; has this morning again lost a considerable quantity of blood by the nose, and was also sick at the stomach. Upon enquiry I learned that her menses were obstructed, and that the present time was the usual period of their appearance.

4th—Her pulse is 75, and her skin temperate. The redness which was upon her face and arms is entirely gone off; and there is now only a slight inflammation of a pale colour, on the uvula and tonsils.

5th—She is now free from fever, and the inflammation of the fauces is almost entirely gone. She was ordered the bark as in the preceding cases, and in a few days was dismissed the hospital, perfectly cured.

C A S E

C A S E V.

Elizabeth Ruffel, forty years of age, about the 27th of October, 1768, was seized with the usual febrile symptoms, accompanied with a sore throat, sickness, vomiting and purging. The vomiting was of short duration; the purging continued for a day or two longer, but on the 2d of November, when she was admitted into the hospital, had entirely ceased. Her complaints were now a soreness and stiffness of her neck, violent head-ach, and pains in her limbs. Her arms and hands appeared swelled, and there was a red efflorescence on her arms. The inflammation of the fauces was confined in a great measure to the *velum pendulum palati*, uvula, and *amygdalæ*, which were of a deep red colour; her pulse was 130 in a minute.

She was ordered the *spirit. vitriol. dulcis*, as in the three preceding cases.

3d.—Her pulse is still 130; she has sweated a little in the night; finds her-

self no better, and thinks that her head-ach is rather worse since taking the medicine.

Nov. 4th.—Pulse 140.—She does not sweat after taking the medicine; complains principally of pains in her limbs, and imagines that she has, in some measure, lost the use of her lower extremities. Her throat is not so much inflamed, and the inflammation is of a paler colour. Being costive in her body she was ordered a glyster, and a solution of cream of tartar in water for her common drink. The dose of the *spirit. vitrioli dulcis* was also encreased in the following manner:

R. Spirit. vitrioli dulcis	- -	drachmam unam
Aq. puræ	- - - -	uncias quatuor
Syrup simp.	- - - -	drachmas duas
M. F. Haustus tertiis horis sumendus.		

5th.—Pulse still 130.—She has got out of bed this morning and looks tolerably well. Her tongue is clean; the inflammation of her throat is greatly diminished, and she has now no anxiety. The redness remains on her arms although her skin feels temperate. She complains much of pain and weakness in her limbs; says that the medicine occasions no sweating, though it heats

heats her much. She has had some loose stools since she used the cream of tartar drink.

She was ordered to lose twelve ounces of blood, and to take the *spirit. vitrioli dulcis*, in the quantity and form first prescribed.

Nov. 6th—The head-ach and pains of her limbs continue; the heat of her body is temperate; the efflorescence on her arms entirely gone, and there is only a slight redness remaining on the uvula and tonsils. Her pulse is still 130 in a minute, and intermits after every sixth or eighth pulsation. She says that the medicine, even in the present form, makes her hot and thirsty; and as it appeared to have no effect in relieving her pains, it was discontinued, and a volatile julep was substituted in its stead, which agreed well with her, and she soon recovered.

The *spirit. vitrioli dulcis* was administered in two other cases of fever besides the foregoing; in one of which it succeeded, but failed in the other; of these I can give no particular account, some private business having interrupted my attendance

at the hospital. I was, however, informed, that in the case in which it was unsuccessful, though the dose had been increased to a drachm, and continued for four or five days, it never occasioned any permanent diaphoresis, nor lessened the frequency of the pulse; but in that in which it succeeded, it produced a diaphoresis, and operated much in the same manner as in the four first cases.

The following table shews, at one view, the daily alterations in the frequency of the pulse.

Day.	Case 1.	Case 2.	Case 3.	Case 4.	Case 5.
1	Pul. 120	Pul. 100	Pul. 120	Pul. 120	Pul. 130
2	— 108	— 80	— 92	— 78	— 130
3	— 94	— 78	— 72	— 80	— 140
4	— 88	— 66	— —	— 75	— 130
5	— 86	— 68	— —	— —	— 130
6	— 72	— 68	— —	— —	— —
7	— 62	— 68	— —	— —	— —
8	— 65	— 56	— —	— —	— —

Whoever considers with attention, the preceding cases, and is acquainted with the usual progress of fevers, accompanied by symptoms similar to those described, will readily allow, that these examples, though not very numerous, are sufficient evidence of the efficacy of the medicine in question ;
and

and that its power in removing the anxiety and reducing the frequency of the pulse, was too remarkable to escape the notice even of the most careless of the profession. But although the foregoing cases may be thought fully to prove the efficacy of the medicine, it will, perhaps, be expected, that after fifteen years experience I should give some more recent instances of its success, or some further observations respecting its use. Of its success, it would be an easy matter for me to give more examples, and to add to them some respectable testimonies from others, but the society will probably be of opinion, that it is better to avoid the tediousness of medical cases and to give the result, rather than the detail of my experience on this subject.

In the first place, I think it necessary to observe, that any physician who shall give the dulcified spirit of vitriol indiscriminately in fevers, and expect to meet with the same success which followed these first trials of it, will, in all probability, be disappointed; as the medicine, though of undoubted efficacy in certain cases, is by no means of general application.

In the acute rheumatism, and in the various forms of the inflammatory fever, it is extremely improper; even in the case of Elizabeth Ruffel, which appeared to me at the time a kind of *arthritidis vaga* (or what is vulgarly called rheumatic gout) it evidently aggravated the complaint.

In hectic and pulmonic cases, the advantage derived from it is trifling or doubtful.

In the remittent and common putrid fevers, I have sometimes also prescribed it without any apparent benefit; it is, however, but justice to acknowledge, that in such cases, I never yet have observed any bad consequence to follow from its use; and that even where it failed of success when given alone, it has been productive of the best effects, when joined with small doses of emetic tartar.

I may likewise with truth affirm, that in the low state of putrid fevers, (where cordials are wanted) it is one of the best medicines of the kind, and I think greatly assists the bark in resisting the septic tendency of the disease. But the cases of all others, to which it seems to me the most

most peculiarly adapted, and where I have seen it produce the most sudden and surprising effects, are those fevers occasioned by contagion, or what are commonly called the jail or hospital * fevers. In these, as its cordial powers are more immediately necessary, so they are in general more evident and striking; its operation also as a diaphoretic, is here of the utmost consequence: for by promoting a perspiration or sweat, it promotes the only method in my opinion, by which these fevers (unless at the very beginning †) can possibly be cured. Upon the whole, I esteem the dulcified spirit of vitriol a medicine of great

* For a description of these fevers *vide* Sir John Pringle on the Jail Fever; and Dr. Lind's Essays on Fevers and Infection.

† In the summer of the year 1780, during my attendance upon the Spanish prisoners at Winchester, among whom a very fatal jail fever prevailed, I suffered two violent attacks of the disorder; which I was fortunate enough to carry off each time by a strong antimonial emetic, (*viz.* tart. emet. gr. ix.) and afterwards promoting a profuse sweat. But though by these means I removed the fever for the time, it was more than six months before I recovered my usual health; being weak and low, with loss of appetite, subject to frequent nausea, and occasional returns of fever.

great utility in the cure of putrid fevers in general, and more particularly so in those arising from contagion; nor do I know (excepting perhaps emetic tartar, or some similar antimonial) any one medicine to be preferred to it; not even the peruvian bark itself, tho' so strongly recommended by Sir John Pringle *, an authority in physic to which I shall always pay the highest deference and respect.

* It is a circumstance perhaps deserving our notice, that in the cure of the jail fever, Sir John Pringle never gave the bark till the third or last stage of the disease; a period when I apprehend the cure to be very much out of the reach of art, and when all the advantage to be derived from any medicine is merely the palliating or obviating of symptoms. Neither would the success attending his practice induce us to follow his example, as he acknowledges, with his usual candour, that at Ipswich he lost at least one fifth of his patients.

X. *A Case of Ptyalism, apparently occasioned by a diminished Secretion of Urine; by SAMUEL DANIEL, M.D. of Crewkberne in Somersetshire. Communicated by Dr. SIMMONS. Read April 8, 1783.*

MRS. H —, aged about forty-five years, was in general healthy, till about three or four months before I saw her, when she complained of pains in her loins; they were neither violent nor constant, but extended from one side to the other. In this state she continued for some weeks without any other complaint, but at the end of that time she perceived that the quantity of her urine was considerably diminished; and at the same time observed, that she had an immoderate discharge of saliva. The latter secretion had been gradually increasing till the time I was consulted, when I was informed, that she frequently spit a pint and a half, and sometimes a larger quantity, in the space of twenty-four hours. She always observed that her spitting increased in proportion as
her

her urine diminished, and *vice versa*. The saliva, she said, had constantly a saltish taste. She was in other respects well, and the greatest inconvenience attending her complaint was the Ptyalism.

Being of opinion that the cause of this symptom was some obstruction of the urinary secretion, I recommended the use of diuretics. Accordingly she took the fixed alkaline salt in considerable doses, which very soon had the effect of promoting that secretion, and of lessening that of the saliva; in short, the patient was so well pleased with its success, that she wished to persevere in its use without trying any other remedy; and did persist in it till the complaint entirely disappeared.

XI. *An Account of an uncommon Difficulty in Deglutition. By the late WILLIAM KEIR, M. D. Physician to St. Thomas's Hospital. Read April 22, 1783.*

IN the month of February 1781, a man about fifty years of age was admitted into St. Thomas's hospital, with the following symptoms:

Whatever he swallowed, after being stopped in its descent towards the stomach by some obstacle which appeared to him to be seated about the middle of the sternum, was, in less than a minute, thrown up again with violence. Some water was given him to drink, that what he had described might be seen. Although he swallowed the water with ease, it was almost immediately returned; and the retching, which brought it up, was attended at the same time with a cough. The water, he said, after descending to a certain depth, seemed to meet with wind, and to return along with it. These symptoms had subsisted but a few days.

His

His breathing also was difficult, and often interrupted by a cough, which had harraſſed him ſome months, and was accompanied with a plentiful expectoration of a matter which had the appearance of pus. His breath was extremely foetid. He was much emaciated; and, for ſome time, had been ſubject to frequent chilly fits.

Theſe ſymptoms naturally ſuggeſted their own explanation. When I conſidered the duration of the cough, the difficult reſpiration, the frequent returns of coldneſs, the foetor of the breath, and the purulent appearance of the expectorated matter, I could hardly doubt that the lungs were ulcerated. And when I reflected on the cough occurring at the ſame inſtant with the retching; and, eſpecially when, after giving the patient ſome pure water to drink, I thought I could perceive what he immediately threw up to be ſtreaked with pus, I conjectured, that the ulcer, at firſt in the lungs, had extended to the trachea and œſophagus, and had formed a paſſage from the one into the other; that the œſophagus, rendered more irritable by
its

its diseased state, was excited into inverted contractions by what was swallowed, and thus threw most of it back into the mouth, instead of conveying it into the stomach ; and that a part of the food or drink, entering the trachea by the opening the ulcer had made, produced the irritation and cough with which the retching was attended.

Although this view of the nature of the disease yielded no hopes of a favourable issue, I was anxious not to omit any thing that might be thought to afford the smallest prospect of relief. The patient's pulse was strong, frequent, and hard ; and as his account of the duration of the disease was not so clear and consistent as to exclude the possibility of a recent inflammatory affection of some parts within the chest, I directed some blood to be taken from his arm, and a large blister to be applied to his breast. His feet and legs were fomented ; and the oxymel of squills was given in small doses, frequently repeated. But all these attempts were fruitless ; he died on the fifth day after his admission into the hospital.

On

On examining the dead body, the conjecture I had formed before was confirmed. In the upper and back part of the right lobe of the lungs a large ulcerated cavity was found. This ulceration had not only penetrated but almost destroyed the substance of the œsophagus, from the first to the third or fourth vertebra of the back. The cavity of the ulcer might thus be said to have made a part of the passage from the mouth into the stomach. The ulceration communicated with the trachea by an irregular opening more than half an inch in length, which passed through the substance of the trachea, and the little that remained of the ulcerated part of the œsophagus. A considerable quantity of pus was found in the trachea. The œsophagus, both above and below the ulcer, contained a little of the same fluid; and a considerable quantity of it was found in the stomach.

This case exhibits an instance of a species of dysphagia, which might be expected to occur sometimes at the close of pulmonary consumptions, but of which I have met with no description in any author. Bonetus indeed,

indeed, in his *Sepulchretum Anatomicum* (Lib. iii. Sect. viii. Obs. lxiv.), relates the case of a man, who, having been long afflicted with pains in his back, vomited at length a large quantity of black matter, which, on dissection, appeared to have been conveyed from its original seat in the left lobe of the lungs, through an opening of the oesophagus, into the stomach; but the trachea does not seem to have been injured, nor is any dysphagia mentioned in the history.

XII. *A Case of Ascites, in which the Water was drawn off by tapping the Vagina.* By HENRY WATSON, F.R.S.
Read May 6, 1783.

THE wife of Mr. Whithey, in Brook-street, Holborn, a middle aged woman, of rather a delicate constitution, and relaxed habit of body, the mother of several children, had been troubled for about two years and a half with anasarcaous swellings of her legs and thighs, which at length produced a compleat ascites. She was also much incommoded by an *hernia umbilicalis*.

Upon my first visit, (in June 1777) I found her belly prodigiously distended by a large collection of water, the fluctuation of which, was evident enough above the navel, but not so distinct below it; for in the lower region of the abdomen, we had a very considerable and extensive hardness, which rendered the undulation obscure.

Her belly, now very pendulous, reached half way down her thighs. Her respiration was much oppressed; and she was in great
need

need of some immediate or temporary relief. During this examination, I observed a tumour between the *labia pudendi*, extending far back towards the anus. The appearance was that of a partial prolapsus of the vagina, and was occasioned by the water which evidently flowed into this part from above; for I could easily return the vagina upon pressing back the water; but on removing my hand, the water would as readily force it down again.

The patient being thus circumstanced, I determined, in the presence of the late Dr. Cooper, and Mr. Smith, of Greville-street, Holborn, her apothecary, to draw off the fluid, by puncturing the vagina; which, in this case, appeared to be the most eligible part for the operation.

Having fixed my patient conveniently, in a standing posture, leaning on the back of a chair, I passed a large hydrocele trocar through the vagina, and drew off four gallons of a greenish fluid, a little viscid, but without the least offensive smell. An ale-house quart of this fluid weighed two pounds and a half, so that the whole weight of the fluid was forty pounds; a heavy burthen for her to bear.

After she had parted with some quarts of this liquor, being a little fatigued with her posture, we sat her down over a close-stool pan, where she continued till she was pretty compleatly drained.

The canula was left, and continued in all night, but she had been so well emptied, that very little more water was discharged during that period.

The next day we found her greatly relieved; she breathed pretty freely, with ease, and felt, as she expressed herself, very comfortably, having got rid of so great a weight. She also made water freely, which she had not done before she underwent the operation. She had indeed had some pain in her bowels, but having had two or three stools that pain was entirely gone off. Her only complaint was lowness, for which the cortex was prescribed, with cordials, warm embrocations, and proper nourishment.

Upon removing the canula, an hydatid presented itself through the wound, but when I took hold of it, and endeavoured to draw it out, for it was empty, she complained that I hurt her bowels; I therefore
cut

cut off, with a pair of scissars, all I had drawn out, which appeared to be part of a pretty large gelatinous bag; she then grew perfectly easy.

Though the quantity of water drawn off was so great, yet the lower part of the abdomen still remained large and hard: this led me to conclude, we might have more hydatids, an indurated liver, or a diseased omentum to contend with; and that the case would at last end fatally.

For about a fortnight or three weeks she continued mending; her appetite returned; her spirits grew better; she seemed to gather strength, and flattered herself with a recovery; but in the following month of July, she began to have fresh pains in her bowels, grew low from loss of appetite, and filled again; so that on the 17th of August she was obliged to be tapped a second time, when the operation was performed in the same part, and precisely after the same manner as before.

By proper care and attention, her disease had probably been much restrained; and it was owing, in some measure, to her having constantly worn a flannel roller very

tight about her body, that she had filled so slowly; for it was above two months from the first, before she was under the absolute necessity of submitting to a second operation.

The fluid now evacuated was of a bilious colour, more viscid than at the former operation; yet thin enough to pass through the canula.

She again bore the evacuation without fainting, but was very low after it. We got her into bed as soon as possible; a pleasant cordial was prescribed, to take a little of now and then, with white wine whey occasionally.

She had a bad night after this last operation, suffering much pain in her belly; and on the second day her menses returned. She had indeed been always pretty regular in that respect, but her discharge had been very pale, and in a large quantity, tho' of short duration. She was for a little time restored again, and held out till the month of November, being at times better or worse, and not filling very fast. At length her appetite falling off, she grew daily weaker and weaker, nor was it in the power

power of medicine to preserve life any longer.

She died in the month of November, Dr. Cooper, and Mr. Smith, were present at the opening of the body, which was performed two days after her decease.

The whole surface of the skin was of a pretty deep yellow colour.

The cavity of the thorax was considerably diminished, owing to the diaphragm having been forced very high up into the chest, by the accumulated waters; but the lungs, though they were much confined, appeared very healthy. There was no water in this cavity, nor any unusual quantity of it within the pericardium.

The heart was uncommonly small, and I have never met with one, before or since, so buried, as it were, in fat.

As there was still evidently water in the abdomen, I introduced a trocar, and drew off several pints of it, which were very yellow and viscid, and a few floughs flowed through the canula along with it.

Upon opening this cavity we found more of the viscid fluid, lying in the hollows on each side the loins, and in the pelvis.

The omentum was small, but very thick and fleshy, as it often is after inflammation; it adhered partly to the peritoneum at the navel, and, by two long processes, to the enlarged ovarium.

The stomach was found, but much distended with air.

The small intestines were much inflamed, the inflammation running lengthways, in broad streaks of a bright vermilion colour, so as to exhibit rather an uncommon appearance. This inflammation was perhaps occasioned by her having towards the latter end of her life, drank very freely of spirituous liquors.

The large intestines were not at all inflamed, but loaded with fat, as were also, the mesentery and mesocolon.

The liver was of a bright yellow colour throughout, with its form so altered, that there was no distinction of lobes to be observed. It was exceedingly thick, of an oblong figure, with its thin edge ending in a large round protuberance.

The kidneys, spleen, and pancreas, were very found, and of their usual size, form, and complexion. The uterus appeared small
and

and firm. The right ovarium was a little enlarged, and of a deep yellow colour; but the left was transformed into a large hydatid or cyst with thick coats, which contained a yellow viscid fluid, like to that we had before observed in the abdomen; and was besides divided into cells, some of which were filled up with a glairy mucus; others contained small hydatids, whose thin diaphanous coats were filled with a clear lymph; and others again contained purulent mucus mixed with congealed blood.

The hydropic ovarium was about the size of a pig's bladder when distended, and occupied the cavity of the pelvis; a situation it certainly had not gained at the time we operated; for it was evident, that the trocar had never reached this bag, and the great quantity of fluid evacuated by the two operations, must have been contained in the general cavity of the abdomen, there being no other that would have contained so much.

The case then appears to have been a complicated dropfy, viz. an ascites, with an encysted dropfy of the ovarium.

Of

Of all parts, the vagina is certainly the most convenient to puncture, for draining off completely, the fluid collected within the abdominal parietes, as it is the very lowest, and most dependent part of that cavity.

In the common way of tapping, whatever position we place the patient in, whether sitting on a chair, lying upon a bed, as the French surgeons advise, or in any other situation, we never can evacuate all the water; some must and will remain within the pelvis, or lateral parts of the abdomen, because the puncture is always made considerably above the most dependent parts; but in this new method of operating, we can drain off almost every drop of the fluid.

The centre of the vagina, is the proper part to be punctured, as the vessels are smallest there, the larger branches lying on the sides.

In performing this operation, as the vagina is never distended to the tightness of a bladder filled with air, it will be apt to recede from the trocar.

In order therefore to make the puncture well and soon, it is necessary to pass two or
three

three fingers up the side of the vagina, partly behind the bag, that by pressing it gently, we may confine the fluid, and make the bag as tense as possible, which will be found greatly to facilitate the introduction of the trocar.

I have thrice performed this operation, with all desirable success. The first time was in the presence of Dr. Denman, whose patient I tapped through the vagina with a lancet, when we had indeed a considerable bleeding; for in most dropical patients the poorness of the blood, and the relaxed state of the vessels incline them to bleed freely, and the vagina is a very vascular part: but if we use the round trocar, which is by much the better instrument for this operation, we have scarcely any bleeding of consequence, the canula making an equal pressure all round upon the mouths of the divided vessels.

A long towel or band is to be wrapped round the abdomen, as in the common operation, to keep up a moderate pressure during the flow of the water.

A flannel roller dipped in spirits must also be applied after the operation, and a
thick

thick warm cloth is to be placed conveniently over the pudendum, so as to imbibe any moisture that may ooze from the wound ; but to the wound itself, there is no need of any application,

XIII. *A Case of Peripneumony, attended with Emphysema.* By GEORGE HICKS, M.D. Physician to the Westminster Hospital. Read May 20, 1783.

AS a faithful and accurate investigation of diseases can alone render their history complete, I flatter myself the society will think with me that every unusual and singular appearance that may arise during the course of a disease, should be well marked, and carefully recorded. I therefore beg leave to communicate to them the following case.

J. B. aged about thirty-three years, was sent to me with a letter, from Dr. Bromfield, desiring me to procure him admission into the Westminster Hospital. He gave the following account of his complaint: That he had been all the preceding night working on board a barge near Fulham, in an extreme thick fog, in the month of November; and towards the morning was seized with a great difficulty of breathing, oppression at the præcordia, cough, pain in his breast and side; all which symptoms increased

increased to such a degree before night, as to induce a lady at Fulham to send him to town, that he might be admitted into an hospital.

I ordered him that night a copious bleeding, a clyster, and some cooling medicines. At my visit the next morning, I found the pulse, though less oppressed than the evening before, still full and labouring, and a whitish puffy swelling on the breast, neck, and upper parts of the chest; which to my surprize, proved to be air, in the cellular membrane, for on pressure of the hand, the air receded into the adjacent parts, with the crackling noise common in cases of emphysema from broken ribs. This remarkable symptom induced me to enquire more particularly, whether he had, by fall or otherwise, received any hurt on his breast, or side. He assured me he had not, but that he had for some hours worked hard during the night, and sweated profusely.

For twelve or fourteen days this emphysema proved a troublesome symptom; disappearing to a certain degree, and recurring again frequently, notwithstanding the most effectual remedies commonly had recourse

recourse to in cases of peripneumony were employed ; such as bleeding, blisters, discutient fomentations, small doses of antimonials, cool air, &c. When by these means a moderate expectoration had come on, and the pulse was rendered more soft, free, and regular, I still observed that on the increase or return of the emphysematous swelling about the breast and neck, there was a constant exacerbation of the peripneumonic symptoms. After the total disappearance of the swelling on the chest, there remained so great an irritability of the lungs, so much cough, and such a disposition to hectic fever, as to require repeated small bleedings, once or twice blistering, and other remedies. And though in general we think the air of hospitals so unfavourable to patients with pulmonic complaints, yet suspecting the free manner of living he would use at home, might prove more injurious than the air of the hospital with the strict regimen I made him observe, I suffered him to remain there seven or eight weeks, and then discharged him perfectly well.

XIV. *A Case of Emphysema, brought on by severe Labour Pains. Communicated by SAMUEL FOART SIMMONS, M.D. F.R.S. Read June 17, 1783.*

IN a conversation with Dr. Bland, physician man-midwife to the Westminster General Dispensary, I happened to mention the remarkable case of emphysema communicated lately to the society by Dr. Hicks. This brought to his recollection a curious instance of a similar affection, which occurred to him several years ago in a female patient, and which was evidently the effect of severe labour pains. As cases of this sort are extremely rare and interesting, and do not seem to have been hitherto sufficiently noticed by medical writers, I requested Dr. Bland to give me the particulars of the fact in writing, and he has accordingly favoured me with the following account, which I shall present to the society in his own words:

“ Mrs.

“ Mrs. J. Ismay, the wife of a watch-
 “ maker in Chancery-lane, a strong and
 “ healthy young woman, in the course of
 “ a tedious and uncommonly severe labour,
 “ forced a quantity of air into the cellu-
 “ lar membrane of her neck. Her whole
 “ face and neck, and the upper part of
 “ her body were enlarged ; her eyes were
 “ inflamed, and her eyelids so swelled that
 “ for some time afterwards she could with
 “ difficulty open them. The space occu-
 “ pied by the emphysema might be co-
 “ vered with a hand, and the centre of it
 “ was about the point where the right
 “ clavicle joins the sternum. It was not
 “ perceived till the day after the patient
 “ was delivered, but the crackling occa-
 “ sioned by pressing any part of that space
 “ left no room to doubt what the tu-
 “ mour contained. It occasioned but lit-
 “ tle trouble or uneasiness, and was en-
 “ tirely dissipated within ten or twelve
 “ days.”

XV. *An Account of a large Aneurism in the abdominal Portion of the Aorta; with some introductory Reflections on the Artery in its diseased State.* By HENRY WATSON, F.R.S. Read June 17, 1783.

THE artery is the vessel employed for conveying the blood from the heart, to every part of an animal body; and its structure is certainly wonderfully adapted to that purpose; for as it is composed of a soft, yielding and elastic substance, it can easily accommodate itself to the quantity of fluid it may at any time contain; and the artery is therefore always in contact with the blood. Pipes or tubes constructed of substances that have not this elastic property, can never contain more than a given quantity of fluid; if they contain less, it can never be in contact with every part of the tube.

The artery has a growth in common with all the other parts of an animal body; is itself vascular, and organized, and therefore, must be liable to the diseases of vascular and organized parts.

In

In the sound and healthy state of the arterial system, the circulation of the blood goes on regularly, and without interruption ; but if any part of it be diseased, the circulation will of course be more or less affected.

An artery nevertheless, may be completely diseased throughout, and yet the circulation go on tolerably well, as in the case of an ossified artery ; in which, though the vessel be converted into a rigid bony tube, yet being still pervious, it admits a free passage to the blood ; which, in this case, is propelled by the force of the heart only.

This state of the artery, abates greatly the vigour of the circulation, and may lay a foundation for other diseases ; viz. anasarca of the limbs ; universal dropsy ; lethargy ; and even mortification ; though this last disease is not, by any means, so often the consequence of an ossified artery as we are generally taught to believe.

If any principal artery should be much thickened and condensed, the circulation will be diminished in all the branches immediately proceeding from that trunk ;

though in other parts of the body it may be accelerated. But should any considerable artery be only partially diseased, yet sufficiently so to resist the *impetus* of the blood, the neighbouring sound portion of that vessel may then suffer some preternatural enlargement.

If the dilatation or enlargement goes on gradually and slowly, the coats of the artery will be equally distended, and a true aneurism will be formed; in which case it cannot be observed that any of the arterial coats are ruptured, or have, given way; and indeed, it is amazing to what a size, a vessel, of but small diameter, may be extended, before it will burst.

The true aneurism then, in which the whole substance of the artery is equally distended, may be considered (and not improperly) as the milder species of the disease, slow in growth and tedious in its termination. But if any of the coats of an artery should be suddenly ruptured, the tone of the vessel will at once be destroyed; and the impetus of the blood will distend this weakened portion of the vessel

vessel suddenly and hastily, more particularly if it is near the heart. The tumour will be almost instantly formed, will encrease fast, direct its course wherever it meets with the least opposition, and will go on enlarging till it burst. If it gives way by a small aperture, the patient will die slowly; if by a large one, his death will be sudden and instantaneous.

The tumour of the artery generally assumes a globular or spherical form, but the dilatation of a vein (commonly called a *varix*) takes an oblong shape. What is the reason of this? They are both blood vessels, and the blood, presses on all sides equally in both; but the structure of the vein differs considerably from that of the artery: most of the veins have valves, which divide the blood into short columns, and at the same time act as collateral ligaments, resisting, as much as possible, an over distention. The impetus of the blood on the vein, is also very little, compared with that exerted on the coats of the artery. Hence it is, perhaps, that the tumour of the vein is always oblong, knotty, irregular

and serpentine, and never shaped like the tumour of the artery.

The tying up a sound artery, never produces any aneurismal swelling; the reason is, I think, obvious enough: the collateral branches, immediately above the ligature, gradually enlarging, carry off the fluid blood, and prevent accumulation. The blood remaining between the ligature and the first collateral branch, as it is out of the route of the circulation, will stagnate, contract, and soon glue itself to the inside of the artery, thereby preventing hæmorrhage when the ligature drops off.

We have, without doubt, gained considerable information from the many cases of aneurisms published since that disease has been more particularly noticed, better described, and better understood. But the history of the disease is not yet complete; every aneurismal tumour will be found to have its peculiarities, and of course may afford some useful information. It needs then no further apology that I take the liberty of laying before the Society the following account of an aneurism, the largest I have ever met with in any part of the
aorta;

aorta ; and for which I am indebted to the ingenious Mr. William André, of Mortimer-street, who made the dissection.

Richard Smith, a mason, about fifty years of age, a stout muscular man, in the year 1772, after lifting a heavy burthen, felt a pain in the small of his back of the spasmodic kind ; returning at intervals by fits, which were very violent, and relieved by nothing but opiates.

During the first six months of his illness, the pain was confined to the back ; but after this period, it began to extend towards the left side ; and soon after a swelling appeared under the false ribs on that side. This swelling gradually extended itself to the os ilion ; and at the same time the pain was also extended, being now neither confined to the back, nor to the side, but felt throughout the whole abdomen.

When the poor man was first attacked with this complaint, he was able to work at his business, though a laborious one ; but always, after lifting any heavy weight, found the symptoms increase.

He was frequently affected with shortness of breath, troublesome cough, and difficulty in making water; which last symptom induced him to think that he had the gravel. The day before he died his urine was tinged with blood.

Mr. André first saw him on the 29th of September, 1773, (about eighteen months after the accident) in company with his apothecary, Mr. Saunders. He was in bed, and had all the appearance of a dying person; no pulse was to be felt at his wrists, but on applying the hand to the swelling, a very strong and evident pulsation might be felt. He died about eleven o'clock the same night.

Having obtained permission, the body was opened the next day.

The abdomen felt hard and tense, although the swelling had rather subsided; and on opening this cavity, a large, oblong, and very prominent tumour immediately appeared in view, extending on the left side, from the diaphragm to the brim of the pelvis. On a closer examination, this swelling was found to be within the circle of the colon, having forced the
small

small intestines to the right side ; and projecting forwards so much, that it was in contact with the peritoneum, where it lined the inside of the transversalis muscle. A considerable quantity of bloody serum was also found floating within this cavity.

The anterior and most prominent part of the tumour proved to be the left kidney in a sound and healthy state ; but removed to a considerable distance from its natural situation, by the enlargement of the great artery which lay partly behind it.

In dissecting away the kidney, a large quantity of coagulated blood was found in the cellular membrane surrounding it. This coagulum, which also covered the rest of the tumour, was about an inch thick, tender, and of a very black colour ; and no doubt had not been long formed. It was afterwards discovered, that the blood here contained in the cellular membrane, had escaped from two openings in the aneurismal tumour : the one, which was the lowermost, seemed to have been of some standing ; it looked towards the iliacus internus muscle, was of an oval figure, and plugged up by a firm coagulum of the size of
of

of a hen's egg; the other opening was much smaller, and the blood within it appeared to have been but recently coagulated. Upon removing the cake of blood, together with all the cellular membrane about it, a large bag was exposed; which proved to be an aneurismal sac of the aorta.

To obtain a better view of this diseased vessel, the crura of the diaphragm, the root of the mesentery, together with the fat and glands which cover the aorta, were all removed. This operation completely exposed the whole extent of the disease, which spread itself over all the vertebræ of the back below the diaphragm, and over the uppermost vertebræ of the loins.

The sac was unequally divided; the part lying on the left side of the spine, being by much the largest, and measuring in length, seven inches; the greatest breadth on this side, was four inches five-eighths. It filled that hollow space which the left kidney ought to have possessed, and assumed very much the shape of that viscus, though it was more than twice as large.

That

That part of the bag which extended over the right side of the spine, and was situated between that and the right kidney, measured in length three inches five-eighths ; and in breadth one inch and two eighths.

It was further observed, that the sac or tumour, in a manner, embraced the anterior part of the spine, by being firmly connected with the sides of the vertebræ. Upon separating this connection, a large quantity of fluid, as well as of coagulated blood, immediately gushed out ; the coagulated part had not, as yet, acquired that firm leather-like consistence so frequently met with in aneurismal tumours ; but was in the state of a soft jelly, as if formed *in articulo mortis*.

To expose the internal surface of the sac, and to get a view of the spine, the whole tumour was raised, and turned to one side. The sac appeared pretty smooth within, and the dilatation of the aorta was evidently forwards, and to each side of the vertebræ.

The sac began to be formed at about an inch and two-eighths above the cæliac artery,

artery, and was continued below the origin of the mesenteric trunk. The diseased portion of the aorta was two inches six-eighths in length, but both above and below the sac, the aorta was perfectly sound, and of its natural dimensions.

The blood within the tumour was in immediate contact with the spine, the posterior part of the artery being destroyed; as was also the ligamentary periosteum, which covers the vertebræ. Here these bones were of a very black colour, with various depressions and cavities in some parts; and callous risings and knots in others.

From the view of the tumour after dissection, we may venture to conclude, that the enlargement of the artery was first forward, as here there was nothing that could much resist or oppose it; it was probably, next dilated on each side of the spine, for the same reason.

That part of the artery which lay in contact with the spine, must have suffered chiefly from pressure, the blood constantly pressing from within, and the bone resisting from without; so that here the artery
was

was not much dilated, but gradually made thin and destroyed: the blood then coming into contact with the spine, the vertebrae were rendered carious; and the two ruptures in the larger portion of the sac, were, no doubt, the immediate cause of death.

The pain, at first confined to the back, then moving to the left side, and afterwards extending throughout the whole abdomen, seems to point out the progress and growth of the aneurism.

The shortness of breath might have been, in a great measure, owing to the diaphragm not acting freely; whereby the cavity of the thorax was greatly diminished, and the lungs had not room to expand; for we did not find that they were at all diseased.

The bloody urine voided the day before the fatal termination of the disease, might possibly have been caused by the pressure made on the kidney, occasioning a rupture of some of its capillary vessels; for it may be presumed, that at the time when the aneurismal tumour was about to give way, the pressure would be violent on all the neighbouring parts.

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The drawings annexed to this case, give a clear view of the situation, extent, and form of the disease; the ruptured openings in the sac, are justly represented; and the destruction of the arterial coats, is strongly and expressively marked.





XVI. *An Account of the Effect of some Medicines employed in the Cure of Cutaneous Diseases.* By JAMES CARMICHAEL SMYTH, M. D. F. R. S. *Physician Extraordinary to his Majesty.* Read July 1, 1783.

TH E diseases of the skin, vulgarly called scurvy, and surfeit, and known to physicians by the general names of *lepra*, *impetigo*, and *herpes*, are of different kinds, and of a great variety of forms, by no means accurately distinguished from each other; and indeed their appearance is so extremely irregular and anomalous, that a scientific arrangement of them, though much to be desired, can hardly be expected.

Some of these diseases are mere local affections, and to be cured by local applications; whilst others are evidently diseases of the habit, and are only to be removed by general remedies.

In many instances the complaint begins at an early period of life, seems to arise from
from

from some original fault in the constitution, and to have descended from the parent to the child; in a still greater number the disease evidently appears to be connected with the scrophula, gout, or a latent venereal taint; which last sometimes unfortunately remains for years, after every symptom of the original complaint has disappeared.

But from whatever cause diseases of the skin originate, I believe it will be generally found, that their symptoms increase as life advances; and that the facility of cure is in the inverse ratio of the age of the patient.

Some cutaneous diseases are known to be infectious, others certainly are not so; those which are infectious are not so easily communicated to old persons as to young ones, though in these last (as was before observed) they are also more easily cured.

In the leprosy (which is an uncommon disease in this country) the affection of the skin is general, but in the various kinds of impetigo or herpes, it is only partial, appearing in spots, or patches in different parts of the body; in all of them,

them, itching is a frequent, and sometimes an almost insupportable symptom. In the leprosy the skin appears white, being covered with scales or scurf, continually falling off, and as continually renewed; the cilia, or edges of the eye-lids, look red and inflamed; the face, particularly the nostrils and lips, and even the lower part of the ears are apt to swell; the eye-lashes and eye-brows to fall off, as likewise the hair from other parts of the body. I have also seen the fingers and hands greatly swelled, and have known patients lose the nails from some of their fingers.

The variety of herpetic spots and blotches is so great, that we seldom meet with two cases where the resemblance can be said to be perfectly exact. The spots commonly have the appearance of a cluster of little *papulæ*, rising above the skin; and differ from one another in size, colour, form, &c.

They are found, even in the same patient, of different sizes, from that of a pin's head to that of a six-pence; their colour is either whitish, or red of different shades, from a bright red to a copper colour.

Some have the surface covered with a fine white powder, or farina, these the French (from this appearance) call *dartres farineuses*; others are covered with scales, which are either deciduous, or adhere firmly to the skin. Their shape is, in general, irregularly circular.

The herpetic blotches, or patches, are also extremely various. Some appear like large tetters, or ring worms, covered only with dry scales; others break out at first in pimples, or pustules, which afterwards uniting, form incrustations, of considerable thickness and hardness, on different parts of the body; chiefly on the arms, shoulders and back.

From this concise view of the diseases of the skin, it must appear sufficiently obvious, that, being so essentially different in their nature and symptoms, the same mode of treatment cannot possibly be applicable to all; yet, it is very certain, that the different species (not being distinguished with accuracy,) physicians, in general, for the cure of every obstinate cutaneous complaint, depend principally upon mercurial or antimonial medicines.

dicines, and if these prove unsuccessful, are frequently led to consider the disease as incurable; and the unfortunate sufferer, deserted by the regular practitioner, flies from one empiric to another, to the entire ruin of his health and fortune.

But that physicians are sometimes mistaken in this opinion of the incurable nature of the distemper, I am fully convinced; and also, that for the cure of many cutaneous diseases, there are medicines not only of equal, but of superior efficacy to the preparations of mercury, or antimony; for the truth of this assertion I shall appeal to the following cases:

THOMAS SOWERBY, a boy about eleven or twelve years of age, of a florid complexion with light hair, applied to me for the cure of (what he called) a scurvy, to which he had been subject more or less from his infancy. His whole body, but chiefly his face, breast and arms, was covered with roundish spots, of the size of millet seed; having a fine white powder on their surface.

On the 9th of July 1778, he began to take thirty drops of the *tinctura cantbaridum* twice a day, the dose being gradually

dually increased to a drachm three times a day; and once, or sometimes twice a week, he went into the warm bath. The medicine, even in the largest dose, had no sensible operation, but the disease soon gave way, and, on the 4th of September following there was not the least appearance of his complaint.

The use of cantharides in medicine, is of great antiquity; they were employed by Hippocrates, and probably before his time; at present they are seldom given in substance, from an apprehension of their deleterious effects, which apprehension, notwithstanding the learned apology of Dr. Grenvoelt, is not entirely without foundation; yet I have sometimes given them with great success, particularly in complaints of the bladder.

The tincture of cantharides has, I believe, been retained in our dispensatories from a supposition, that it was a diuretic, which idea has probably arisen from the well-known power of cantharides in producing strangury, for I never saw it increase the secretion of urine.

Its

Its use in cutaneous complaints is little known; I have indeed been told, that it was formerly employed in the Bath Infirmary, and likewise in the Middlesex Hospital; with what success I know not. From my own experience I can truly declare, that upon several occasions I have found it of some efficacy, although, except in the preceding case, I never succeeded in making a compleat cure with this medicine alone. It is also proper to mention, that I have sometimes given it, and in very large doses, without the smallest advantage. Of this the following case is a remarkable example:

ELIZABETH BARRON, a girl about sixteen years of age, had, on different parts of her body, a great many spots of a dark red colour, some of them as large as a sixpence. To remove this complaint she took the tincture of cantharides, at first in small quantity, but it was afterwards encreased to three drachms, three times a day, without producing any sensible operation, or causing any alteration in the appearance of the disease. But when the dose was encreased to three drachms and a half, it

O 3

brought

brought on a slight strangury, which soon subsided on discontinuing the medicine. She then took only three drachms of it, with a drachm of the common antimonial wine, three times a day, but with no better success.

About two years ago, an old man, whose complaint had much the appearance of the elephantiasis, was admitted under my care into the Middlesex Hospital. After giving him a variety of medicines without any sensible advantage, I resolved to try the common vitriolic acid, it having been recommended by some of the German physicians for the cure of the itch. The age of the patient, who was upwards of seventy, and the great length of time he had been afflicted with the disorder, seemed to preclude all chance of a cure. The most that could be expected was an alleviation of his symptoms, and the spirit of vitriol effected this to a degree he had never experienced before, from any other remedy.

Encouraged by this first trial, I have since given it in many cases with very great success, from which I have selected the following as being the most remarkable.

ESTHER

ESTHER WHITEING, a young woman about twenty years of age, had been afflicted with the leprosy upwards of six years, during which time she had tried a variety of remedies, (amongst others had been salivated) but from none of them had she derived any lasting advantage. Her skin was entirely covered with white scales; her features were swelled; her eyes, particularly the cilia, or edges of the eyelids, were red and inflamed. She complained of intolerable itching and heat all over her body, which prevented her sleeping; also of pains in her limbs, and that her eye-sight was so weakened, that she could hardly see to work with her needle.

Neither the girl herself, nor her mother, who came along with her, could assign any cause for her present illness. The mother had never been subject to any such disorder, and the daughter appeared, in every other respect, to be in perfect health. On the 3d of August 1782, after she had been in the warm bath, and had taken a dose of purging salts, I ordered her the vitriolic acid in the following manner :

O 4

R. Spirit

R. Spir. vitriol. tenuis - - fescunciam
 Syrup. e mecon. - - unciam unam
 Capiat drachman unam ter in die, ex aq. hord.
 libra dimidia.

This dose was gradually increased; and in a few days, as the medicine did not purge her, and the itching was so far abated that she rested well in the night, the syrup was omitted, and she took the spirit of vitriol alone in barley water, in the quantity of a drachm three times a day. After continuing it for six weeks, there was scarcely any appearance of the disease, she persevered however in the use of the medicine for three weeks more; she was then dismissed perfectly cured, and has remained well ever since, as I was informed by her mother on the 27th of June last.

BENJAMIN COLE, of Hampstead, about forty years of age, having large herpetic blotches on different parts of his body, began, on the 2d of January 1783, to take thirty drops of the *spirit. vitriol. tenuis* thrice a day in a glass of barley water. On the 15th he was ordered to use the warm bath twice a week. On the 19th the

the dose of the spirit of vitriol was increased to two drachms thrice a day, and, having a bad cough, he took the medicine in half a pint of a pectoral decoction. By the 4th of February the disease of the skin was entirely removed, and he returned to the country.

HARRIOT CONRADY, a girl about fifteen years of age, who, though of a florid complexion and healthy appearance, had not yet menstruated, was, on the 11th of March 1783, received into the Middlesex Hospital for an impetigo or herpes, which, in large irregular patches, covered the greater part of her body. This disease, began about three months before, and made its appearance at first in red spots accompanied with considerable itching, forming afterwards thick white incrustations or scabs, which adhered firmly to the skin; several of these were on the face; the head was covered with one continued crust, resembling the *tinea capitis*, and some very large blotches occupied the legs and arms; the disease had also spread on her neck, between
her

her shoulders, and (as she informed me) on her thighs and hips.

On the 11th of March she began to take forty drops of the *spirit. vitriol. ten.* thrice a day, in barley water, which dose was gradually encreased. On the 1st of April she took a large table spoonful, three times a day. On the 19th she took five drachms, and soon afterwards seven. She once or twice took two table spoons full for a dose, but as that quantity purged her, it was again reduced to seven drachms. She never felt any uneasiness in her stomach or bowels, or any inconvenience from the medicine, even in this large dose, but said she perceived a warmth in her stomach immediately after taking it; it generally gave her two loose stools a day, without any griping or colic. The itching abated soon after she began the medicine, but was not entirely removed until she went into the warm bath, which she did four or five times whilst she was in the hospital. On the 3d of June, having been perfectly well for a fortnight, she was dismissed.

I saw

I saw her, a month afterwards, free from every appearance of her former disorder.

RICHARD SADDLER, a stout young man, nineteen years of age, was, on the 15th of June 1783, admitted under my care at the Middlesex Hospital, having been upwards of six months afflicted with a leprosy. His skin was covered with scales, which fell off in great quantity wherever he stood, or sat; his face, hands, and feet were considerably swelled. He complained much of itching, especially when warm in bed, and was always hot towards night; his tongue was whitish, he had no thirst, was regular in his body, his appetite was good, and his pulse natural. He had enjoyed perfect health until about a fortnight before the beginning of his present complaint, when he was seized with headache, pains in his limbs, nausea, thirst, &c. These symptoms went off soon after the appearance of the eruption, which began on his legs; and from his account, seems to have been at first erysipelatous. Red spots appeared at the same time on other parts

parts of his body, which, gradually spreading, united together, and in about a month from the time he was taken ill, he was affected all over in the manner already described.

He had taken some medicines, before I saw him, but without any relief. His diet had always been simple, and the only cause he assigned for his present illness, was drinking some cold beer, when over heated. He was ordered to go into the warm bath, and to take two drachms of the tincture of cantharides, in a tea-cup full of barley water, twice a day.

10th—The itching was less troublesome, and the medicine was ordered to be taken three times a day.

23d—The tincture did not occasion strangury, nor any other apparent effect, neither did the disease appear to yield in the smallest degree. This medicine was therefore discontinued, and he began with the *spirit. vitrioli tenuis*, taking half an ounce, in half a pint of barley-water, three times a day.

25th—He found himself greatly better, and remarked that he made a larger quantity

tity of water than usual. The dose of the medicine was encreased to six drachms, three times a day.

28th—The medicine purged him ; five drops of the *tinct. thebaica* were therefore added to each dose.

July 19th—His face, body, and legs, were almost entirely free from the disease, but he complained of itching round the waist, and his hands and ancles were swelled and chapt. As the medicine continued to purge him, even with the addition of the laudanum, the dose was reduced to two drachms, to which was added an equal quantity of the *syrup. e meconio*, and some days afterwards, the purging still remaining, the spirit of vitriol was discontinued, and for a fortnight he took no medicine of any kind ; but at the end of that time some spots having appeared on his legs, he began a second time with the spirit of vitriol, taking half an ounce three times a day until the 12th of August, when he was dismissed the hospital perfectly cured.

The four preceding cases afford, in my opinion, the fullest testimony of the efficacy

cacy of the medicine in question; I shall not therefore trouble the society with any more cases in which it was administered with similar effects. I think it proper however to observe, that although I have not been equally successful in curing every one to whom I have given this medicine, yet I can with truth affirm, that I have only met with two persons in whom it did not produce some sensible amendment. The first of these was a delicate young lady, between twelve and thirteen years of age, who from her infancy had been subject to herpetic spots, which occasionally came out on her face, arms, &c. She took the spirit of vitriol in very small doses, but without any sensible effect; and the delicate state of her stomach and bowels prevented me from encreasing the quantity, so as to give the medicine a fair trial.

The second was a gentlewoman between forty and fifty years of age, who had been long afflicted with a rheumatic gout, and whose fingers were contracted, and the joints of them greatly swelled, from repeated attacks of that disorder. She had also an eruption of the herpetic kind on
different

different parts of her body. I tried the spirit of vitriol in small quantity, giving only thirty drops for a dose, and combining it with laudanum, and Hoffman's anodyne liquor; but notwithstanding these precautions it disagreed with her exceedingly, occasioning colic and purging to such a degree as to oblige me to desist from any further trial of it.

Another medicine, which I am persuaded will be found of essential service in diseases of the skin, is the *tinctura veratri**; but not having had the same experience of this, as of the spirit of vitriol, I cannot recommend it with the same confidence of success. The root from which this tincture is prepared is sometimes used, as an external application, for the itch. With what intention the tincture is kept in the shops, I am uncertain, as I have never seen it made use of in any case whatever; although I can venture to say, that it may be given both with safety and advantage in other diseases† as well as in those of the skin.

* *Veratrum album* Linn.

† It may not be improper to mention three instances where I gave it with great advantage; and from which there

skin. But, as my intention at present is chiefly to shew its effects in these last, I shall conclude this subject with a short account of three patients to whom it was given; pointing out some particular circumstances attending its use.

MATTHEW WILSON, twenty-eight years of age, had for ten years been subject to herpetic spots and patches coming out on different parts of his body, accompanied with great heat and itching; the spots, though not confined to any particular part, were chiefly on his face and head; he had a large patch on one arm, and another immediately under his right breast; both spots and patches were covered with a dry, thick, white crust, adhering firmly to the skin. In every other respect he seemed in perfect health; he had taken a variety of medicines

there seems reason to think it may be a useful medicine in nervous disorders, particularly in those which recur periodically:

1. A delirium (without fever) which came on every evening, and lasted two or three hours.
2. Hysterical convulsions.
3. Epilepsy.

The cure in the two first cases was permanent, in the last, the fits, after being kept off for some time, returned.

medicines, and all the nostrums sold in town for the cure of the scurvy, by some of which (they being mercurial preparations) his mouth was affected; but he had received no advantage from any thing he had yet tried. He had also used the warm bath twice a week for six months, without success. He always found that the complaint was greatly increased by cold, and that it was less troublesome during hot weather.

When he first put himself under my care I prescribed the *spirit. vitrioli tenuis*, which he took regularly for six weeks, and in larger doses than I had ever before ventured to give it*, without any inconvenience. It occasioned two or three stools a day, and for the first fortnight or three weeks he received great benefit from its use; but at the end of that time, the disease seemed stationary, and I perceived that no further advantage was to be gained by continuing it; and therefore, after persevering three weeks longer, I gave it up, and began to make trial of the *tinctura veratri*. At first he took thirty drops only, but

* For some time he took three ounces of the *spirit. vitrioli tenuis* every day.

but the dose was soon encreased to a tea spoonful, which was given twice a day, in a tea cupful of barley water. This dose produced a very sensible alteration in the disease, and as it occasioned some distressing symptoms was never afterwards encreased. In about an hour and a half or two hours after taking the medicine, he was seized with giddiness, hiccough, sickness, and sometimes vomiting; with a sense of great weakness, particularly in his lower extremities. These symptoms however, were not of long duration, seldom lasting above an hour; but during the whole day his hands and feet were in a constant perspiration; and after the use of the warm bath he sweated more profusely than I ever remember to have seen any person. Yet, notwithstanding all these disagreeable symptoms, he persevered in using the medicine upwards of six weeks, although latterly he experienced the same disappointment from this as from the spirit of vitriol, both having a surprizing effect on the disease for the first fortnight or three weeks, and afterwards seeming to lose all power or efficacy in subduing the
remains

remains of it. Neither was I more successful by giving the two medicines together or alternately, both which methods I tried; and also some other remedies, but with no better effect. The disease still baffled every attempt to remove it entirely, and at present remains much in the same state as when he left off the *tinctura veratri*.

MARY DIXON, twenty-one years of age, was on the 10th of December, 1783, admitted an out-patient at the Middlesex Hospital: She had for six years been afflicted with herpetic spots on different parts of her body, but principally on her legs. This disease, in the beginning, had much the appearance of a rash, and was attended with violent itching; it afterwards formed spots and blotches of different sizes, covered with a white scurf adhering to the skin. She was ordered an ounce of the *sal catharticus amarus* twice a week, and a scruple of nitre three times a day.

On the 19th she left off the *sal catharticus* and continued the use of the nitre, in a decoction of elm bark.

January 16—She thought her complaint somewhat better, but the alteration in the appearance of it was so trifling, that instead of the former medicines I prescribed twenty drops of the *tinctura veratri* twice a day, ordering her at the same time to encrease the dose gradually till she perceived some sensible effects from it.

On the 23d I found that the itching was gone ; and that there was a very great alteration on the appearance of the spots. Having encreased the dose to fifty drops, without sickness or any other inconvenience, she was now desired to take a tea spoonful twice a day.

January 30—The complaint appeared to be going off very fast ; she told me that she had taken (according to my desire) a tea spoonful of the medicine, which made her extremely faint and sick ; and that it continued to have the same effect, although she now only took twenty drops at a time.

Feb. 13—She was almost entirely free from the disorder ; as twenty drops had ceased to make her sick, she had again encreased

increased the dose ; and finding herself well, attended no longer at the hospital.

ANN SMITH, a young woman twenty-two years of age, applied to me in December last, for a violent herpes, which appeared in spots and blotches all over her body, but principally on her arms and legs ; where there were several large blotches covered with a whitish thick scurf, firmly adhering to the skin. This complaint, to which she had been more or less subject from her infancy, was accompanied with heat and itching, and often with sickness ; and (contrary to what is usual in such cases) was worse in summer than in winter. In every other particular she was in perfect health.

I prescribed twenty drops of the *tinctura veratri* to be taken twice a day, in a tea cupful of barley water ; and the dose to be gradually increased to forty drops. I saw her about two days afterwards, when she told me, that her complaint was much worse, the medicine having occasioned a greater eruption on the skin ; but she confessed at the same time, that the itching

was much abated, and that she had now no sickness, but what was brought on by the medicine.

I desired her to persevere, but to take it for the future, in a tea cup full of valerian tea.

Feb. 10—She informed me that she now perceived a great alteration for the better, the disorder seeming to give way very fast; and that since she had taken the drops in the valerian tea *, they had not made her sick.

In what manner this case will at last terminate, whether in a perfect, or only in a partial recovery of the patient, is, as yet, extremely doubtful; but the alteration already occasioned by the hellebore, and the effects which we have seen produced by it in the two preceding cases, are surely sufficient authority for us to rank this medicine among the few others of acknowledged efficacy in diseases of the skin.

* I have, upon several occasions, experienced the power of valerian in preventing or taking off the sickness and giddiness occasioned by hemlock; and have thus been enabled to encrease the dose of the latter.

XVII. *A Case of Hydrophobia; by Mr. WILLIAM BABINGTON, Apothecary to Guy's Hospital. Communicated by Mr. HENRY CLINE, Surgeon. Read August 26, 1783.*

A BRAHAM PALMER, a thin but healthy boy, fourteen years of age, whose father lived in the neighbourhood, was brought to the hospital on the 9th of June 1783, for advice concerning the bite of a dog, which he had received about an hour before. The dog (a little common cur) after running among some fowls that were feeding before the door, had snapped at one of them and was pursued and struck by the boy; and whilst he was striking him, the dog bit his hand in several places.

By the advice of one of his neighbours, the wounds had been rubbed and covered over with common salt, and this, with the coagulated blood, had formed a stiff crust, which in some measure concealed the bite.

As there was no particular reason for supposing that the dog was mad, and as excision, or the application of a caustic, would have been painful, if not dangerous, and perhaps with difficulty submitted to, it was judged sufficient to direct that the hand should be well fomented with milk and water to get it soft and clean, and that about a drachm of strong mercurial ointment should be rubbed in every day for four or five days, dressing the wounds afterwards, superficially, with a little lint and cerate. These were the chief of the directions. The boy was accordingly taken away, and nothing more was heard of him till Thursday the 17th of July, about eleven o'clock in the morning, when he was again brought by his father to the hospital. The moment I saw him I suspected what was the matter, there being something in his countenance which could not be mistaken. “ You remember, Sir,” said his father, “ the boy I brought to you about five weeks ago; he has hurt himself by lifting an over heavy weight, and his right arm is so painful, he can scarcely get it to his head. The wounds
“ he

“ he had in his hand, thank God, are
 “ quite healed. They were healed in
 “ eight or ten days after the accident,
 “ without any pain or trouble; but I don’t
 “ know what to do with his arm.” To
 confirm my opinion of the case, I took the
 boy immediately into the shop, and with-
 out giving either him or his father the
 least room for suspicion, poured out a
 cup of mint water and offered it him to
 drink, telling him that his arm would
 soon be relieved by it. He was naturally
 very tractable and obedient, and stretched
 out his hand for it without any seeming
 reluctance, but upon taking up the cup
 there was an evident agitation, and on
 bringing it near to his mouth, he was
 suddenly seized with a convulsive shudder-
 ing, as if he had beheld something fright-
 ful in the liquor; and throwing it instantly
 down on the counter, he drew back
 with a loud and sudden sob, like one who
 is frightened at going into the cold bath.
 He took the cup up again and again, and
 seemed desirous, in compliance with the
 request of his father, to get it to his
 mouth, but it seemed impossible; as often
 as

as he lifted it up, the agitation he was thrown into obliged him to lay it down again.

Upon further enquiry it was found, that from the time he had first left the hospital, till the afternoon of Wednesday the 16th of July, he had continued in perfect health, except that for a day or two before this time he had complained of the pain of his right arm, which was now attentively examined; but without any discovery of inflammation, or enlargement of the glands of the axilla. On the evening of Wednesday he had eat little or no supper, and no breakfast this (viz. Thursday) morning, though he did not complain of having passed a restless night. His countenance, as before mentioned, was strongly marked with anxiety; there seemed a slight tightness or stricture about his breast, which shewed itself by the manner in which he spoke and breathed; and notwithstanding his inability to swallow liquids, he had a considerable thirst. His pulse was rather full and quick, but not remarkably so, and his tongue clean and moist. He was perfectly sensible, gave a clear account of himself, and was able to walk about without any seeming lassitude or inconvenience.

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The period was now past when any advantage could be expected from local applications, yet humanity required that something should be attempted. It was therefore determined, that he should take every two hours a bolus, consisting of musk and factitious cinnabar each fifteen grains, and one grain of opium. Directions were given to his father that, after getting him home, he should be kept as quiet as possible. The first bolus he took came up soon after he had swallowed it, (he could not even swallow solids without much difficulty) the second and third remained in his stomach, but the fourth came up like the first, bringing with it a quantity of viscid mucus. At eight o'clock in the evening, he was but little altered for the worse; the anxiety indeed was somewhat increased, as was also the affection of his breast, and when he inspired deeply there was a sudden catch or spasm about the *scrobiculus cordis* which gave him a good deal of uneasiness; but the pain in his arm had totally left him. He was perfectly sensible, and, except that he spoke and moved with a kind of quickness, was wonderfully quiet

quiet and composed. He had no dislike to the open air, but on the contrary, had a great desire to be in it; and said he found himself more comfortable when allowed to sit in the yard, than when confined to his room. To determine whether his dread of liquors proceeded from a general antipathy to them, or only from a fear of swallowing, he was asked to allow his hands to be washed, which he readily consented to. But, upon the water being brought, as soon as he attempted to put his hands into it, he was thrown into the same convulsive shudder as when he had attempted to drink, and drew them suddenly back. Notwithstanding this, he allowed them to be cautiously wetted, and by degrees suffered them to be put into the water, and to remain there quietly for two or three minutes; but he was not able to put them in himself without much emotion. Soon after this he consented to drink a cup of tea, and, with much eagerness and struggling, got it to his mouth, and swallowed it greedily; after this he drank another in the same manner, for he was very thirsty. As yet there was no unusual secretion

cretion of saliva. The quantity of musk was now encreased to twenty grains; the cinnabar and opium were given in the same doses as before. His feet were ordered to be bathed in warm water; a blister to be applied to the *scrobiculus cordis*, and, as he had had no stool since the preceding evening, he was ordered a laxative glyster.

At nine o'clock he swallowed one of the last directed boluses without much difficulty, though the anxiety of his countenance and the spasms about the diaphragm and oesophagus were evidently encreased, and gave him the idea of wind, which he often said he wished to get up: but he complained of no other uneasiness except a slight pain at the top of his head, which he said was scarcely worth mentioning. He suffered his feet to be put into the warm water; but with the same reluctance he had before expressed on wetting his hands. The glyster had no effect. In the course of the night he drank six small cups of tea; but he had no sleep, notwithstanding the quantity of opium, which, by eight o'clock in the morning amounted to seven grains, besides

besides the musk and cinnabar. He could not sleep, he said, for the buzzing of the flies; and he told us, that about sun-rise his right eye was drawn in towards his nose, and that he was blind of it for near a quarter of an hour. His breast was not at all relieved by the blister.

At one o'clock the next day (Friday) his countenance and manner were strongly marked with horror and anxiety; which, added to an uncommon degree of eagerness in every thing he was about to say or do, rendered his situation, to all about him, peculiarly distressing. His pulse was quick and hard. He complained much of thirst, and his attempts to drink were frequent, but always attended with great agitation. His face was much flushed; his eyes, staring and watery. He made frequent efforts to vomit, at which times he was much agitated, and brought up a viscid, ropy kind of matter, which was with difficulty disengaged from his mouth; and this was always followed by a considerable discharge of frothy saliva. His attention at intervals was particularly directed to the flies: " why don't you kill
" these

“ these flies ?” he would cry, with a great degree of impatience ; and then he would strike at them with his hand, and would often shrink in the bed as if he were afraid of their getting to his face. He also expressed a dislike at times to being touched by the attendants ; still, however, he was sensible, and gave rational answers to all such questions as were asked him.

The remedies hitherto employed having been ineffectual, and the degree of excitement being so extremely great, it was now determined to take away a large portion of blood. It was also proposed, that the bleeding should be followed by an increase of opium till it should produce some sensible effect ; that his head should be shaved and bathed with warm vinegar, and that in the evening, if he was not better, he should be put into the warm bath.

A vein was accordingly opened in his arm, and upwards of twenty ounces of blood were taken away in a full stream, without producing the least disposition to faint, or increase of sickness, though the pulse was sensibly affected, becoming low, fluttering and unequal. As soon as his arm
was

was tied up, he begged to be taken into the yard for the benefit of the air, and calling for something to drink, a cup of tea was given him with fifty drops of laudanum, which, when he had tasted, he refused to swallow, but immediately afterwards took a pill containing two grains of opium. This however staid down but a short time; and a second and third which were given him, came up almost instantaneously.

In half an hour after this, all his symptoms, bad as they were before, were much worse. His countenance grew more flushed and wild. He talked almost incessantly, by turns calling for something to eat and drink, to keep down something that wanted to come up; and still he complained of the flies, and struck at them with the greatest fury. He seemed quite regardless now of that obedience and respect he had all along shewn to those about him; in fact, he was becoming delirious. Every muscle in his body seemed convulsed, and he was thrown from one side of the bed to the other with such violent agitation, that he must have flung himself on
the

the floor, had not his father and mother prevented him. This was the period of his case, which was by far the most distressing. He attempted in the most frightful and greedy manner to swallow a piece of bread and butter, which had been given him to quiet his impatience, but he could not get it down; in the attempt to swallow, it was thrown from his mouth, together with a quantity of the glairy fluid he had been vomiting all the morning. This however, was not followed, as usual, with a flow of saliva. As the last remedy, a glyster of water-gruel with half an ounce of laudanum, was thrown up, but it came away almost immediately; and soon after this, the convulsions returning with increased violence, he fell back in the bed, and died, with a countenance as much opposed to that of the minute before as it is possible to conceive; the scene being closed with several of the most beautiful smiles.

For the particulars respecting the latter part of the case, I am indebted to Mr. Skeete, a young gentleman well known to

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you

you for his care and assiduity in all parts of his profession.

Upon a minute and attentive examination of the body, the day after his death, no appearance was observed that could account for the violent symptoms which have been described.

The external appearance of the body had nothing remarkable in it. The vessels of the dura and pia mater were rather more than usually distended with blood; but the brain itself, in all its parts, was perfectly found. There was no appearance of disease in the mouth, pharynx, or oesophagus, except a very slight inflammation on the superior part of the epiglottis and a little way within the trachea; which seemed partly filled with a glairy kind of fluid. The heart was found; the quantity of blood it contained was inconsiderable, and chiefly in a fluid state, as was also the blood in the sinuses of the dura mater. But in the lungs, there was an evident accumulation of blood; and more in the right side than in the left. The pleura was in its natural state, but the vessels on the superior surface of the
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the diaphragm seemed rather more turgid than usual. The gall bladder contained an ounce, or an ounce and a half, of very dark coloured bile, but the liver was in a natural state. The stomach also was perfectly free from disease: it contained about half a pint of the glairy kind of fluid he had been vomiting up before his death, and this was so tinged with the cinabar he had taken, that it appeared red through the coats of the duodenum. The small intestines were diminished to one half of their usual diameter in two or three places; but this seemed to have no sort of connexion with the disease in question. The bladder contained about half a pint of urine, and the ureters were remarkably large, but healthy. The kidneys and other abdominal viscera were quite in a sound state.

XVIII. *Case of an Ulceration of the Oesophagus, and Ossification of the Heart.*
 By SAMUEL FOART SIMMONS, M.D.
 F.R.S. *Read August 26, 1783.*

PHILIP KENDAL, of Denmark-street, Soho, aged sixty-seven years, by trade a tallow-chandler, was admitted under my care at the Westminster General Dispensary on the 11th of June, 1783. He was a tall stout man, and, according to the account he gave of his case, had enjoyed good health till about four months before; when he began to feel a pain in swallowing his food, just as it reached his stomach; and, before it had continued long there, to vomit it up. This pain, and disposition to vomit, had continued to increase so much, that now every thing he took, whether liquid or solid, did not remain above two minutes in his stomach before it was thrown up again. He described the pain as being constant and lancinating, extending from about the lower part of the oesophagus, to the left side of his chest close under

under the ribs. His pulse was languid, beat about 100 strokes in a minute, and frequently intermitted. His tongue was much furred. His eyes had lost their lustre, but his countenance still exhibited some slight remains of a florid complexion. A physician whom he had consulted, had advised him to apply a blister between his shoulders, and to take castor oil. This prescription he had followed, but the blister had made no alteration in his pain; and the oil never remained long enough in his stomach to obviate a disposition to constiveness, which was become so great, that when I first saw him he had passed ten days without a stool; and was much troubled with the hæmorrhoids. He would not acknowledge that he had been intemperate in his manner of living, but it appeared afterwards from the account of his wife and friends, that he had long been in the habit of drinking to excess of spirituous liquors.

When I had considered the symptoms of this case, I did not hesitate to ascribe them to a cancerous tumour or ulcer about the upper orifice of the stomach. All I could

aim at therefore, was to palliate his complaints. A grain of calomel and a grain of *extract. thebaic.* made into a pill were directed to be taken every night, and two spoonfuls of a purging mixture every morning, with a view to keep his body open. Broth glysters were likewise directed to be thrown up two or three times a day.

At first he kept down his medicines long enough to procure a stool every day; but the pain did not abate, and in less than a month his strength was so much reduced that he was confined to his bed, and his difficulty of swallowing was so great that he was capable of taking but very little either of food or medicine. In this state he was visited several times by Dr. Bromfield, who agreed with me perfectly in opinion concerning the seat and incurable nature of the disease.

The patient died on the 3d of August, and the next day Mr. Watson favoured us with his assistance in examining the dead body.

The dissection proved that we had not been mistaken with regard to the nature of the disease which, I think, may with
good

good reason, be supposed to have been the immediate cause of the patient's death; for we discovered a large ulcer of the oesophagus that sufficiently explained the pain and the difficulty the patient had experienced in swallowing. At the same time we met with an extraordinary and unexpected appearance, viz. an ossification of the substance of the heart, that had probably begun to take place long before the disease of the oesophagus; and which now enabled us to account for the frequent intermission we had observed in the patient's pulse.

This ossification, which, when we first touched the diaphragm, felt like a hard mass within the substance of that muscle, might likewise contribute to increase the irritability of the stomach when distended. For it appeared from the patient's account of his case that he was able, though not without much pain, to swallow; but that before his food had been many minutes in the stomach it was constantly vomited up again.

The pain of which he complained under the ribs on his left side seems to have been

occasioned by this very uncommon disease of the heart, the description of which, and of the other appearances, the society will find related with great accuracy, in an account of the dissection by Mr. Watson.

Offification of the valves and great vessels of the heart is not a rare disease in old people; but a bony concretion in the substance of the heart itself, is certainly very uncommon, though not altogether without example. Morgagni, who relates an instance of this disease, in a slight degree, as observed by himself, has, with his usual industry, collected the few instances of it upon record at the time his excellent work was published*. To repeat these would be superfluous; but it may not be improper to mention, that in the *Memoirs of the Academy of Sciences at Paris*, for 1768, M. Bordenave has added one more to the histories of this kind already published. The subject of this case was a man who died in his fiftieth year, after having been for a long time subject to difficulty of respiration, anxiety, and frequent danger of suffocation.

* *De Sedibus et Causis Morbor. Epist. xxvii. Art. 16. & seq.*



suffocation. After death, water was found both in the thorax and abdomen. The lungs adhered almost every where to the pleura. The pericardium was thickened and firmly united with the heart, on the surface of which was discovered a bony concretion of unequal thickness, and in some places two inches in breadth. This ossification covered almost the whole of the right ventricle from the basis to the apex of the heart, and following the course of the septum, ascended from the apex about half way up the left ventricle.

XIX. *An Account of the Dissection of the Subject of the preceding Case; with Remarks.* By HENRY WATSON, Surgeon, F.R.S. Read August 26, 1783.

THE body was examined in the presence of Dr. Bromfield and Dr. Simmons.

The liver was small, perfectly black, and the gall-bladder much distended with a very viscid dark coloured bile.

The spleen was small, but of an unusual globular form.

The stomach was empty, its coats very thin, and its internal surface slightly inflamed; but its two orifices were unobstructed.

The intestines and the uropoetic viscera, though remarkably flabby and tender, were not otherwise diseased; so that the cause of this man's death did not manifest itself in the cavity of the abdomen.

Laying my hand carelessly on the centre of the diaphragm, I was much surprized
at

at feeling a hard bony substance, which I then concluded, must be an ossification in that muscle; though I afterwards found I had been deceived.

Upon opening the thorax, the lungs appeared in a soft and very sound state, though adhering pretty universally to the pleura.

In the oesophagus, we discovered an ulceration of about two inches in length, and one in breadth, just at that part where it passes behind the curvature of the aorta; to which it was strongly united by a condensed cellular substance, made so, no doubt, by inflammation.

The pericardium was exceedingly thin, and glued round the heart so strongly, that it had the appearance of being wanting; consequently, there was not the least drop of its liquor remaining, so that it was with much difficulty I could clear away this membranous bag.

By this dissection, I now found that the diaphragm was not diseased; but that the hardness we had felt through that muscle, was a most extraordinary ossification of the heart.

The

The heart itself was small for so large a man, and exceedingly tender.

The ossification possesses that surface of the heart which rests upon the diaphragm; the centre of it nearly corresponding with the *septum ventriculorum*. It extends from the basis to the very apex of the heart; is broadest in the middle, and branches out irregularly through the fleshy substance of both ventricles, over the greatest part of the auricle, and for some way round the basis of the heart; following the course of the coronary vessels.

On searching with the finger, I could no where perceive that it projected within the auricle or ventricle; so that it did not appear to have diminished their capacities.

There is, in my anatomical museum, a preparation, wherein ossification is scattered over both heart and pericardium, in thin white polished scales, much resembling the inner pearly coat of the oyster shell. This may be considered as the earlier state of the disease; and the instance before us may serve to shew its progress.

R E-

R E M A R K S.

1. This disease, considering it as fixt in a muscular part, must have lessened the quantity of contraction by shortening the fleshy fibre; the quantity of accurtation in every muscle being as the length of its fleshy fibre.
2. It must also have diminished the power or force of contraction, so far as the ossification extended; for thus far we suppose the fleshy fibre to have been wanting; and the strength of every muscle is as the strength of its fleshy fibres.
3. Thus circumstanced, the heart, no doubt, acted irregularly; and the several other appearances shew that it acted with no great impetus. The blood in the body was poor and watery; the few coagula we met with, were very tender. All the solids carried evident marks of a lax fibre. The muscular flesh was pale and flabby; the viscera soft, the hollow ones thin, weak, and almost transparent. The fat was
every

every where soft, oily, and in a putrescent state.

4. Though the ossification might have been the proximate cause of a languid circulation and poorness of blood, I think we cannot say it was the immediate cause of the man's death. He might possibly have lived longer under that disease. But besides this weakening cause, there was another yet more debilitating, to wit, the ulcer in the oesophagus, which, though it allowed spoon-meats to pass, and to remain a little while in the stomach, obliged him to reject all solid aliment, the moment it reached the ulcerated surface. Two causes thus combined, the one producing a poor, effete blood, the other a deprivation of those nutritious juices which ought to have enriched that blood, were sufficient to destroy any man.

5. The adhesion of the lungs to the pleura was perhaps, in this instance, a real benefit, as the larger vascular trunks, when on the stretch, would allow the blood an easier passage through that organ; and where the propelling power
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is weak, it can be no way better assisted than by lessening the resistance.

6. Every preternatural ossification is a deposit of the earthy or cretaceous matter in the constitution.

7. It is generally deposited on membranes, vessels or glands, but seldom on muscular flesh; there is, however, no substance in an animal body to which it may not unite itself.

8. It is an unorganized extravasation, never vascular but in consequence of vessels shooting through it from some neighbouring vascular part.

9. It is by no means a regular process, such as nature employs in the formation of bone. It therefore never has any determined shape, size, or extent, but may proceed without bounds in the most luxuriant manner.

10. The measure of every morbid ossification will no doubt depend much on the abundance of *creta* in the habit. That it does abound in some, and that it is very deficient in other constitutions, we are fully convinced.

11. That

11. That a man may live with an ossification in his heart, the present case sufficiently proves; but how long we cannot pretend to say. The ossification we have now been describing certainly carries with it every mark of a gradual increase; and, of its having been the work of time. It was evidently in a growing state, branching out and spreading wider, so that we may venture to conclude, had the man lived much longer, it might have made a yet more formidable appearance.

12. Ossification of the heart, so far as I have been able to observe, begins in the cellular membrane, under its investing coat, in specks or thin scales; and is at first superficial.

It is analogous to the ossification in the blood vessels, where the disease evidently begins in the cellular connecting medium between their coats, proceeding from within outwards, till at length the vessels are converted into complete bony tubes, such as we often find them.

13. It is not that I suppose that muscular fibres are ever converted into bony ones, for the ossification carries no mark of a fibrous texture; on the contrary, it is lumpy and irregular. But it may not be improper to say, that flesh is ossified when the muscular texture is in any part totally destroyed, and its place usurped and occupied by earthy or cretaceous matter, harder sometimes than bone itself.

XX. *A Case of difficult Deglutition occasioned by an Ulcer in the Oesophagus, with an Account of the Appearances on Dissection.* By MAXWELL GARTHSHORE, M.D. F.R.S. and S.A. Read October 21, 1783.

MRS. P—, of Orange-street, aged fifty-two, naturally slender, and of a delicate habit, during the winter of 1782 was much troubled with what she supposed to be stomach complaints. She consulted many physicians whilst I was abroad, and had taken a variety of medicines without any relief.

Feb. 20th, 1783, I was first consulted, and found her much emaciated, and complaining of indigestion, acidity and sickness at the stomach, with frequent retching, and, at times, a difficulty of swallowing. I then prescribed her an emetic, some opening powders, and a mint julep. The symptoms were alleviated, and she seemed better for a few days.

Feb:

Feb. 28—I was again applied to, and found her complaining more of this difficulty of swallowing, which she described as a sense of suffocation, very similar to what is occasioned in nervous women by the *globus hystericus*. This induced me to recommend a fœtid julep, by the use of which, she seemed for a time to be relieved.

March 26—I now discovered that this difficulty of swallowing had been increasing, by degrees, for some days past; and that the medicines I had prescribed were of no further use.

She now complained of a permanent obstruction in the middle of the passage between the throat and the stomach, which occasioned almost every thing to be rejected when it reached that part. I ordered a cupping glass, and afterwards a blister to be applied, as near the seat of the disease as possible; as these produced no good effect, I advised her to swallow two ounces of quicksilver, which made its way into the stomach, and cleared the passage for a time.

March 27—She complained of a rigor which had seized her the preceding night. Her pulse was small and frequent; and she continued to reject most things even after they had with difficulty reached the stomach. She was now unable to swallow any thing solid, or any liquid that was taken in a small quantity; but a large column generally made its way down; and it was observed, that she retained nothing so well as porter.

After this severe attack she was able to swallow much better, and her stomach and bowels were, for several weeks, in a more natural state. From this time I heard but little of her till towards the 25th of April, when another attack again obliged her to have recourse to quicksilver, which cleared the passage as before.

She continued somewhat better for another month; but in the last week of May, I was again sent for, on the return of the difficulty of deglutition. I then found that since my last visit she had been seized with a profuse spitting, very similar to that which is occasioned by the use of Mercury. She also complained of flying pains, and other symptoms,

symptoms, seemingly of the nervous kind. Her pulse was irregular, small, and frequent; and she was evidently declining both in her flesh and strength. She returned to the use of the medicines formerly prescribed; and drank saffraas tea, which I had before found useful in a case of profuse spitting. She became apparently a little better, but her pulse continued very quick.

May 27—The discharge of saliva still continued; not less than a pint and a half was evacuated every twenty-four hours. Her appetite was now much impaired, and she complained of a pain in her side.

I now first discovered in her stools, (which were of a greenish colour and frequent,) a bloody gelatinous substance, not truly purulent, but which looked as if it was discharged from some ill-conditioned ulcerated cavity. When this was evacuated she always felt the constriction at the middle of the oesophagus, much relieved; and she was enabled to sleep on either side much more quietly than before. She said, that before this came away, she had a sensation

tion as if something had broke within her. Her pulse too after this temporary relief was reduced from 100 to 80 in a minute, and her urine had a lateritious sediment. This appearance in the stools was observed for some days, but though she was easier, she still continued to lose flesh and strength, to spit as much as before, and to be troubled with costiveness, and frequent pains about the præcordia. I then tried an infusion of the bark in lime-water with rhubarb, which she could not continue. Asses milk, however, which she then began to take twice a day, agreed with her perfectly well.

June 8th—She had a severe return of the difficulty of swallowing; and rejected every thing she attempted to get down, except a column of liquid, and even that passed with difficulty. The pain about the præcordia, and difficulty of lying on the right side were likewise increased.

She now found that her stomach could bear milk no longer. Dr. Lind of Portsmouth, who was then in London, and visited her with me, advised dry cupping, and a blister to that part of the
 præcordia

præcordia complained of, a mild liquid diet, and artificial asses milk. But nothing was of use. The discharge of saliva continued, and she wasted daily.

June 24—I was now convinced of what I had long suspected, viz. that the disease was only in the oesophagus, and depended upon some permanent cause, of which its periodical, and nearly monthly, appearance had before made me doubtful. Knowing no other resource, (though long restrained by the spontaneous and profuse salivation,) I resolved to try the effect of mercurial unction, and that night (June 24th) ordered half a drachm of strong mercurial ointment to be rubbed into the legs. This I repeated cautiously, without any increase of the salivation, or without any relief of the symptoms, till I had used it five times, when she thought herself somewhat easier. She was then (July 4) seized with increased fever and rigors at bed-time, with violent pain in the side which was blistered, and became rapidly much weaker, continuing to vomit every thing she took. Her pulse sunk, and the powers of life seemed to be

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daily

daily failing. Broth glysters, which had been ordered from the first, but which she had always disliked and avoided, were now with difficulty permitted to be made use of. The fever was constant and attended with great thirst and heat; she by degrees became affected with stupor, and after lying nearly senseless twenty-four hours, died without a struggle on the 9th of July.

Her body was the next day examined by Mr. John Hunter, whose account is as follows ;

“ On laying bare the oesophagus through
 “ its whole course, I found, that where
 “ it passes below the division of the tra-
 “ chea, the surrounding parts were thick-
 “ ened or diseased ; and I there found an
 “ abscess which led into the cavity of the
 “ oesophagus. I then cut out a consider-
 “ able portion of the oesophagus, both be-
 “ low and above this diseased part, with
 “ a part of the trachea ; and also a portion
 “ of the descending aorta. I could easily
 “ pass one finger downwards, and another
 “ upwards till they met ; so that there was
 “ no stricture or closing of the oesophagus,
 “ although

“ although I could plainly feel an irregu-
 “ larity on the inside at this part, where
 “ the disease appeared externally.

“ The oesophagus was then slit up its
 “ whole length, and its inner surface ex-
 “ posed; upon which we observed the
 “ following appearances:

“ The oesophagus, at the part where
 “ it appeared diseased externally, was in
 “ a state of ulceration on its inner surface
 “ for about four inches in length, termin-
 “ ating at each end at once in a regular
 “ edge, which edge was a little raised, as
 “ is frequently seen in bad ulcers in other
 “ parts; and the oesophagus, immediately
 “ above and below, was perfectly sound, not
 “ being even thickened. About the center
 “ of this ulceration was the opening of the
 “ abscess, or what may be supposed to be
 “ a continuation of the ulceration, into the
 “ surrounding parts, forming an ulcerous
 “ cavity, which was situated immediately
 “ below or between the division of the
 “ trachea,

“ The surrounding parts that were in
 “ some degree connected with the disease, at
 “ least by adhesion, were, a part of the
 “ descending

“ descending aorta, the posterior surface of
“ the auricles, the basis of the lungs of the
“ right side, the left division of the tra-
“ chea, and some of the lymphatic glands
“ of those parts.

“ The stomach was very much contracted
“ at the small end for more than half of
“ its length ; and the left or great end
“ was a little dilated with a fluid which
“ appeared to be principally bile.

“ The small intestines contained nothing
“ but mucus, and of this but a small
“ quantity.

“ The cæcum was a little dilated with
“ a fluid ; but the whole of the colon to
“ the anus was contracted, probably as
“ much as it was possible, as it had hardly
“ any mucus in it.

“ There was no air in the stomach, nor
“ in any part of the intestinal canal.

“ The liver was small.

“ The gall-bladder had a common quan-
“ tity of bile in it.

“ The pancreas and spleen were as
“ usual.

“ The whole body was very much ema-
“ ciated.”

From

From Mr. Hunter's very accurate description of the seat of the disease, we are naturally led to conjecture that the ulceration began on the interior surface of the oesophagus, and from thence spread into the neighbouring parts, there forming that cavity which he found situated between the divided branches of the trachea. And I think it probable, that the periodical attacks of increased difficulty of deglutition, which were so violent and remarkable during the three or four last months of the patient's life, might be owing to the distention of that cavity by an accumulation of that gelatinous matter which I first observed in her stools about the end of May. And though there may be difficulties in allowing that this or any other matter could pass the stomach indigested, yet the relief in swallowing, constantly and immediately obtained upon this discharge taking place, would lead us to suppose, that by this evacuation the cavity was emptied; and the compression its distention had occasioned, removed. It is however evident, from the state of the parts, that the passage of the oesophagus was in no degree straitened

ened by the ulcer, but remained pervious to every thing that could descend by its own weight ; and that the periodical increase of obstruction must have been owing to occasional spasm, (as we know to be the case in the diseased urethra) or to external compression from a cause not permanent. The constant inability to swallow solid food, was probably owing only to the want of a propelling power, in the diseased portion of the canal.

This disease, therefore, seems to have comprehended two or three of the common causes of difficult deglutition, viz. a disease in the canal itself, and an occasional diminution of it from external compression, or occasional spasm ; but though the former might be periodical, it is not easy to conceive how the latter could be so.

Authors commonly mention hoarseness and difficulty of breathing, as concomitant symptoms of difficult deglutition ; neither of these, however, were ever observable in the present case, owing probably to the disease having been situated below the division of the trachea ; and therefore not
affecting

affecting its diameter or muscular action, upon which respiration and the voice so much depend.

By what cause that very copious evacuation of saliva, which affected her during the last two months of her life was occasioned, is not easy to say. Was it an effort of nature to relieve, or merely a symptom of irritation from sympathy with the diseased parts? It certainly was much greater than ever happens in the natural state of the salivary glands, and could not be owing merely to the inability of swallowing. I have looked over most of the collections of cases, and have found only one instance * where salivation is mentioned as a symptom of difficult deglutition.

Sauvage enumerates no less than twenty species of Ptyalism, almost all evidently symptomatic, but this species, though equally distinct, and equally deserving a place, is not mentioned. I am therefore warranted in saying, that it is not a very common symptom, as it is too remarkable

* Bonet. Sepulch. Anatom. tom. ii. lib. iii. sect. 4. observ. 16.

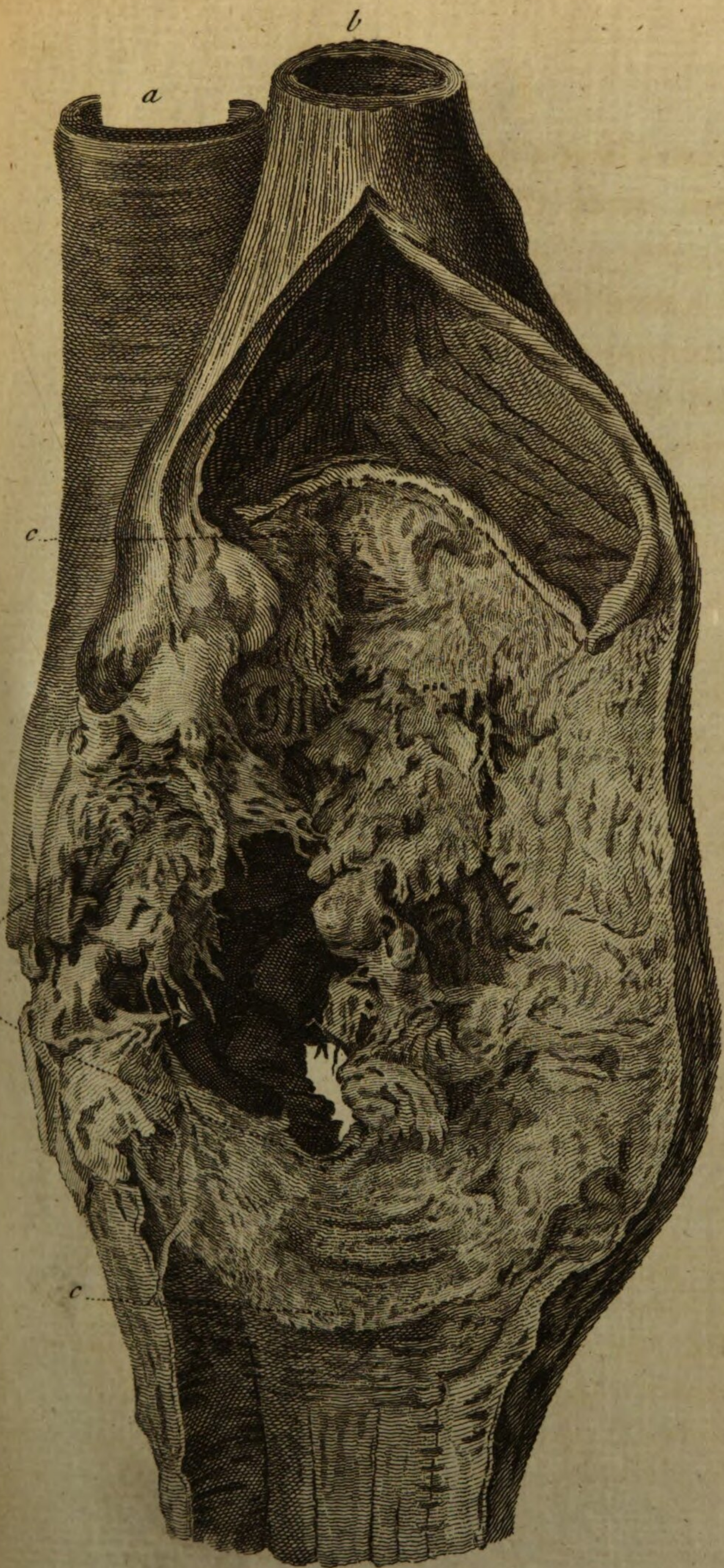
able to have been overlooked *. And though from the cases recorded by Dr. Munckley †, and Dr. Brisbane ‡, which were cured by a gentle mercurial salivation continued for some weeks, we should be led to consider the evacuation before mentioned, as an effort of nature; yet as this secretion, though so copious and so long continued, produced no relief, there is but small reason to suppose that mercury (from the use of which I was at first restrained by the spitting) would, if given earlier, have been more beneficial. And it may be further observed, that mercury seems to have been chiefly successful in the cure of difficult deglutition arising from enlarged glands, from which this patient was intirely free.

Though the causes of this kind of ulcer may never be discovered, and though the cure may be difficult, yet I think the

* Dr. Simmons, when this paper was read to the society, mentioned a similar case which had lately occurred to him, in which salivation was a concomitant symptom.

† Medical Transactions, vol. i. p. 165.

‡ Select Cases, p. 17.



the power the patient retained of swallowing a certain quantity of any liquid, while she was incapable of swallowing any thing that seemed to require the muscular action of the oesophagus, is a circumstance which may teach us to distinguish this species of difficult deglutition from all others.

XXI. Case of a Suppression of Urine, successfully treated, in which the Bladder was punctured through the Rectum. By Mr. BENTLEY, Surgeon, at Pattrington near Hull. Communicated by HENRY WATSON, F.R.S. Read October 21, 1783.

ABOUT the middle of October 1780, I was desired to see a child about five years old, labouring under a suppression of urine, which I was informed had continued five days.

On examination I found a gangrene extending from the navel to the anus, and nearly covering one side of the penis. Under these circumstances, it did not appear proper to attempt the introduction of any instrument into the bladder, by the urethra. In order therefore to give the child some chance for life, I determined to perform the operation recommended by Mr. Pouteau, of Lyons, which was done by introducing the fore finger of the left hand into the rectum, and passing a common

mon strait trocar, of the smaller size used for tapping the abdomen, upon the finger, through the rectum into the posterior part of the bladder, withdrawing the stilet immediately. Between two and three pints of very foetid urine issued through the canula, which was left in the puncture, secured with a double T bandage.

My attention was now taken up with endeavouring to get down a sufficient quantity of nourishment for his support; such as broths, jellies, wine, &c. I also gave him a pint of a strong decoction of bark every twenty-four hours.

On the third day after the operation, the separation of the sphacelated parts began to be marked out by the usual appearance. The canula slipping out at the end of forty-eight hours, I attempted to replace it, but without effect. The water continued, however, to be evacuated by the puncture till about the sixth day, when, I am of opinion, it closed, as the child became about that time sensible of an inclination to make water, desiring to be taken out of bed for
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that purpose. The water appeared to come by the puncture through the anus, but in fact, it came from the end of the urethra; from whence gliding under the sphacelated scrotum and perinæum, it seemed as if it flowed directly from the anus.

About the tenth day the water again appeared to pass, not only by the orifice of the penis, but also by the anus, which alarmed me with an apprehension that the bladder would become fistulous; but I was again deceived, and my alarm subsided on the more perfect separation of the eschar, when I discovered a large orifice in the left side of the urethra, through which the urine, now retained for several hours together, flowed in as large a stream as by the natural passage. That orifice still remains and is likely so to do.

Notwithstanding the scrotum was entirely destroyed, the testicles remained unhurt; and are covered by the loose skin which covers the abdominal rings and os pubis.

The sphacelated parts were dressed in the usual manner, and were a considerable time in separating; during which there
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was often a diarrhoea from the absorption of matter, which was restrained by the usual methods. The wounds were completely cured at the end of ten weeks, and the child has recovered his usual health.

A few days after the water had come by the natural passage, his mother shewed me a stone which she had found sticking in the orifice of the glans penis.

XXII. *Pulmonary and other Complaints, apparently supported by Fever, of the intermittent or remittent Kind, and cured by the Bark.* By SAMUEL CHAPMAN, M.D. of Sudbury in Suffolk. Communicated by Dr. GARTHSHORE. Read Dec. 2, 1783.

THOUGH the use of the bark has been long established in the cure of fevers, as well of the remittent as the intermittent kind, nevertheless fevers of either kind are sometimes so obscured by certain anomalous appearances, that it is no easy matter for the practitioner to determine at once concerning the nature of the case before him.

Amongst the various disguises, under which fevers of either kind are sometimes concealed, I know of none which creates greater embarrassment, than that in which the fever in question assumes the form of a pulmonary hectic; and yet there is no case in which a nice discrimination is more indispensably necessary, as on the one hand
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the bark is the only remedy that can be relied on, and on the other it can hardly be ventured on with safety.

It was with the view of enabling me to form a readier judgment upon future occasions of the same kind, that the following cases were originally minuted down during my attendance on the respective patients. If they shall be found in any degree useful, or if they shall induce others to communicate their observations on the same subject, a much better end will be answered.

That most of the complaints which are the subject of the following cases, bore a very near resemblance to pulmonary consumptions; and that the fever and other circumstances attending them, were not easily to be distinguished from the symptoms which usually mark a genuine hectic, will, it is apprehended, sufficiently appear from the cases themselves. I shall therefore only observe that as obstinate and long-continued catarrhs, and acute pneumonic inflammation, have been always reckoned amongst the causes which lead to consumption of this kind; so most of

the following cases will be found to have originated from one or other of these causes.

I shall begin with those which originated from catarrhs, to which, as well as to the rest, I shall subjoin such remarks as occurred to me at the time, and helped to direct me to the use of the bark.

C A S E I.

The Reverend Mr. Sandford, of Castle Hedingham, in the county of Essex, aged about sixty-five, of a remarkably thin and emaciated habit, insomuch that he had long considered himself as far gone in a consumption, had for some years past been subject to severe catarrhs in the cold months; of which however he got well from time to time, upon the setting in of warm weather. About the latter end of April 1772, he was seized with a severe catarrhal fever, attended with cough, difficulty of breathing, and frequent stitches in his side, as well as the other symptoms usually attendant on such fevers. He was repeatedly bled, and otherwise judiciously treated

treated, by Mr. Walker the surgeon of the place, under whose care the violence of the symptoms was abated; and a plentiful expectoration coming on, he was thought to be on the point of recovery.

Still however, he had returns of fever at night, during which his expectoration was in a manner suspended, his cough became exceedingly troublesome, his breathing difficult, and he had, every now and then, stitches in his side. Towards morning he fell into profuse sweats, which lasted till about eight o'clock, when his expectoration returned, and continued free through the remaining part of the day. By this time, however, his appetite had quite left him, and he was reduced to a mere skeleton. Such was the account I received from Mr. Walker.

June 5—I visited him for the first time, when I found him in the reduced condition just described, and at the same time hardly to be persuaded that he was not absolutely in the last stage of a consumption; and indeed, his case appeared to me extremely doubtful. It was then about the middle of the forenoon; he had a

flushing circumscribed redness in his cheeks, with heat and dryness in the palms of his hands; he had little or no thirst at that time, but there was a hectic heat in his skin, perceptible after examining with the fingers for some time; he had also a hollow resounding cough, with which he expectorated in a manner rather profuse, bringing up a considerable quantity of matter slightly streaked with blood, and in other respects much resembling the matter discharged from an abscess. This discharge I was told had rather increased for some time past.

His body I found, was perfectly regular, as he had a stool about the same hour every day. His urine (as far as I remember) had nothing remarkable in it, except that it was rather inclined to be high coloured. His pulse was rather quick, and had some degree of tension in it; his cough had been exceedingly troublesome in the night, and occasioned much difficulty of breathing and stitches in his side; and as he had always bled well, I desired he might lose six ounces of blood from the arm, which

which was done whilst I was there, and the blood proved very fizy.

As Mr. Walker had already given proper directions with respect to diet, I contented myself, for the present, with directing a spermaceti emulsion to be taken in the night when the cough was troublesome; the volatile saline draughts to be taken every five or six hours; the pectoral decoction to be used for common drink, and five grains of the storax pill to be taken at going to bed.

June 9—I visited him again, when I found that his evening exacerbation had returned, and that his expectoration was suspended as usual during the night; that his cough, though somewhat eased by the opiate, was extremely violent; that his breath was still bad, and that he still complained of stitches in his side; all which symptoms however, I was told, were much abated upon the breaking forth of the sweat, which was now become more profuse. On this account, the volatile saline draught was changed for the common saline draught; some tincture of roses was ordered to be taken at proper intervals, and
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he was desired to let his chamber windows be opened from time to time.

16th—I repeated my visit, without making any material alteration in his treatment. But I could not help observing, that whilst the evening exacerbations returned as usual, the sweats were now become alarmingly profuse, and were even extended to an hour later in the morning, though he had taken plentifully of the tincture of roses, and had been much exposed to the fresh air (which he seemed to enjoy) in the day time.

I saw him not again till the 19th, during which interval, having in my preceding visits perceived him to grow weaker and weaker every day, I began to be extremely anxious for the event of his case. Having observed however, that during my attendance, he was, in a manner, free from fever in the day time; that the paroxysms had regularly returned, at nearly the same hour every evening; that during my last visits, the urine, upon the going off of the sweat, began to deposite a lateritious sediment, which sediment was now become more copious, whilst it left the
urine

urine perfectly clear at top; I began to entertain hopes that the disease might prove to be an intermittent.

Considering therefore, the means hitherto employed as merely palliative, and observing besides, the extreme danger my patient seemed to be in, I thought I could not give him a better chance, than by a cautious trial of the bark. The only thing I was afraid of, was, that it might check the expectoration; but this I hoped would be compensated for, if the evening exacerbation could be abated. I therefore directed two ounces of the decoction of bark to be taken every three hours during the day, desiring it, however, to be discontinued, if the breathing should become more difficult upon its use; in which case I directed two or three spoons full of the *lac ammoniacum*, with some oxymel of squills, to be taken occasionally. The storax pill was desired to be repeated if necessary.

20th—He had regularly continued the decoction, (without being obliged to have recourse to the expectorating mixture) except about the usual time of the evening exacer-

exacerbation ; which, however, proved very inconsiderable, in comparison with what it had hitherto been ; his cough was abated, and he had slept more than he had been accustomed to do by the use of the opiate alone ; his breathing was also much better ; he no longer complained of stitches in the side, nor was the morning sweat so profuse as it had been. His appetite also, (which had been long gone) began now to return.

He was desired to persist in the same plan for two or three days longer, about which time I hoped to see him again ; there was no difficulty in persuading him to comply with this direction, as he now began to entertain serious hopes of getting well, of which he had hitherto utterly despaired.

24th—He had now continued the decoction of the bark five days ; his appetite was returned ; his expectoration, without having once suffered any sudden or total check, had daily diminished in quantity, and, as it did so, assumed a less purulent appearance ; the evening exacerbation indeed still returned at the usual time, but
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in a very slight degree; the cough and difficulty of breathing were abated in proportion, and his morning sweats were no longer in any degree alarming.

Encouraged by these appearances, I resolved he should take the bark in substance. As, however, he had been rather costive for a day or two, I first prescribed a dose or two of rhubarb; after which I directed a drachm of the powder of bark to be taken three times a day for about a week, and afterwards twice a day for some time longer.

I saw him again on the 27th, till which time he had continued the bark regularly thrice a day. He had now got intirely rid of his feverish paroxysms; his cough had nearly left him; he breathed easily; slept the whole night; had only a slight moisture on his skin in the morning, and had recovered strength enough to take the air every day, in an open chaise. As he had now no particular complaint, and was desirous of leaving off the bark in substance, a wine-glass full of a weak decoction of it was recommended to be taken

taken at eleven in the forenoon, and at five in the afternoon.

He was also advised to drink asses milk morning and evening; to eat milk for his breakfast, thin oatmeal gruel for his supper, and a small quantity of light animal food, with table beer, for his dinner. Wine he had no inclination for; and in the afternoon, instead of tea, he commonly contented himself with milk and water.

After this, I only called upon him when I happened to be in his neighbourhood; and within about six or seven weeks from my first visit, I had the pleasure of seeing him perfectly recovered from a disorder which at first seemed to afford but little hope.

Since that time I have twice attended the same gentleman, viz. about the end of March 1773, and again about the middle of February 1775. Both times the symptoms and progress of the disorder were the same as before, as was likewise the method of cure; except that the bark was given sooner, and the cure each time shortened. In the year 1773, the late Dr. Hoffack was desired to meet me. He
seemed

seemed to form the same opinion of the case as I had done the first time I visited the patient; in short, he seemed to consider it as a near approach to the last stage of a pulmonary consumption. However, upon being informed of the particulars already related, he consented that the same method should be again pursued, which was done accordingly, and with the same success.

R E M A R K S.

As Mr. Sandford's was the first case of this kind which had fallen under my care, and as from the beginning I thought I saw something which inclined me to hope the case was not altogether so desperate as it appeared, I was resolved to pay every possible attention to it.

His make indeed was such as bespoke a consumptive habit, and the emaciated state he was then in, was such as is rarely met with but in the last stage of a genuine consumption. Understanding, however, that he had for some years past been subject to bad catarrhs, of which he had
hitherto

hitherto constantly got well, I could not help entertaining some hope of a like issue in his present case.

The circumstances which kept me longest in suspense, were, the several hectic symptoms, which I could not readily account for upon any other supposition than that of matter absorbed from some ulcer existing in the lungs; and indeed the appearance of what was thrown up by expectoration, which so nearly resembled that discharged from an abscess, seemed not a little to countenance such a suspicion; and yet, when I considered that there were no signs either of tubercles, or ulcers, previous to his present attack, and that his method of treatment before I saw him, left no room to suppose any thing like suppuration could have taken place since, I could by no means persuade myself that the case was really a pulmonary consumption.

After a few visits other circumstances tended to confirm my doubts. The febrile exacerbations, I observed, happened only in the evening, leaving the patient through the whole day with little more
heat

heat than what appeared to be of the hectic kind ; whereas in the genuine pulmonary hectic there is an exacerbation likewise about the beginning of the afternoon, which was evidently wanting in this gentleman's case. The urine also I thought bore little resemblance to that of a genuine hectic. It never exhibited a greasy appearance on the surface, nor a branny sediment towards the bottom of the pot ; appearances often met with in the urine of hectic patients.

On the other hand, I had more than once observed, that though the urine was generally clear in the day-time, nevertheless, upon the going off of the morning sweats, which terminated the paroxysms, it had for some days appeared loaded with lateritious contents, which at length I observed settled to the bottom of the glasses, leaving the urine at the top perfectly clear and transparent. I now began to consider the case in a different point of view. I knew that fevers which at first existed in a different form, became sometimes intermittent. I had likewise been taught by Dr. Morton, that fevers

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of this kind occasionally assumed a variety of shapes; and amongst the rest that of pulmonary consumption. This I hoped might be the case in the present instance; and the more I reflected on the matter, the more I was confirmed in this opinion.

Still, however, difficulties occurred with respect to the bark, as the expectoration had not been sufficiently adverted to in the cases I had an opportunity of consulting. I was afraid, lest the bark, by its astringent quality, should, as it was before observed, diminish the expectoration, and render the breathing as bad in the day as it was in the night.

As this discharge seemed, however, rather to increase in the night, and diminish in the day-time, and as the patient grew manifestly weaker every day, I could not help considering it as one of those enfeebling drains alluded to by the late Dr. Fothergill, in a paper on this subject*; and this I imagined might be the case, whether the discharge was truly purulent or not. In the present instance, however, I rather

* Medical Observ. and Inq. vol. 5. p. 349.

I rather considered it as the effect of increased secretion, supported by a super-induced weakness and relaxation of the excretory vessels of the lungs, in consequence of the previous and long continued drain this way.

Upon this supposition therefore, which the event afterwards seemed to justify, a diminution of the discharge was a thing rather to be wished than feared; and in this case there would arise a double indication for the bark; first, as the only known specific for the cure of fevers of the intermittent kind; and next, as a tonic adapted to lessen or restrain a weakening discharge, which probably had no inconsiderable share in supporting some of the hectic symptoms.

That this, however, might be effected in as safe a manner as possible, it seemed necessary to proceed with a due degree of caution; and for this reason the decoction was first prescribed, and its effects carefully watched, before the bark was given in substance.

C A S E II.

The wife of Mr. Carder, a shopkeeper in Sudbury, had for many weeks laboured under a short cough, difficulty of breathing, stitches about the breast, and a slow fever, supposed to be of the hectic kind. Loss of appetite, decay of strength, and purulent expectoration, in a small quantity, were likewise amongst the symptoms of her complaint. She was under the care of Mr. Downes, who had bled her several times, and had given her saline draughts, spermaceti emulsions, lac ammoniacum, and opiates occasionally. She also took gentle laxatives between whiles, and had besides a perpetual blister between her shoulders.

March 26, 1775, I was desired to visit her. She had still a short cough, with which she now and then expectorated a little. What she threw up was sometimes mixed with viscid phlegm, but at other times had altogether a purulent appearance. Her breath was rather short, and she complained

plained of stitches in her side when she coughed, though her cough was by no means violent. She also complained of a lump in her breast, which she described as being under the sternum. She had little or no thirst, and no preternatural heat, except in the palms of her hands. Her pulse was quick and small, with some degree of hardness in it; and her tongue had a whitish fur on it.

She told me she was nearly in the same state during the day, but was always restless at night, when her cough and breathing were much worse. She likewise thought she was worse some days than others. She had been bled that morning, and her blood was rather fizy. Her appetite was bad; and her diet consisted chiefly of milk gruel, thin broths, and the like.

As she was then taking the saline draughts, an expectorating mixture, and the pectoral decoction for common drink, I ordered nothing new; but desired her to observe particularly on what days she appeared to be worse than ordinary, and to save her urine. After visiting her

a few times, I observed that her urine let fall a sediment, sometimes white, and sometimes of the lateritious kind; she also told me she was now sensible of being manifestly worse every other day.

The case was now sufficiently clear. I therefore directed two ounces of the decoction of bark to be taken three or four times a day; and six grains of the storax pill at night. After some days she proceeded to the bark in substance, which she continued at first thrice, and afterwards twice, a day, for about a fortnight or three weeks. From the time she began to take the bark, her restlessness left her; her appetite returned; her cough, and difficulty of breathing became every day better; she no longer felt any stitches in her breast, and her expectoration gradually lost all appearance of purulence. For the last fortnight she rode out every morning on horseback, but would not take asses milk. In a month from the time I first saw her, she had no complaint remaining.

REMARKS.

R E M A R K S.

In this case the symptoms were by no means so alarming, as those which attended Mr. Sandford. They were, however, of a nature somewhat doubtful. The short cough; the difficulty of breathing; the stitches in the breast; the sensation of a lump within the chest; the purulent appearance of the expectoration, and the slow fever in some measure resembling a hectic, were circumstances which seemed to indicate tubercles, or an ulcer already formed, in the lungs.

There was, however, nothing in her constitution that could possibly lead to a suspicion of this kind; and her complaints began at a season when catarrhs were epidemic in the neighbourhood, which afforded sufficient ground to hope that her disorder was of the same kind. Besides, in tubercular cases, the symptoms are at first exceedingly obscure, and the cough for a long time exists in a dry form; whereas in this patient, the symptoms came on at once with some de-

gree of violence ; and her cough was attended almost from the beginning with as much expectoration as at any time afterwards.

The matter coughed up from time to time, though small in quantity, had, as was observed, a purulent appearance ; so likewise has the mucus discharged from the nose in some species of catarrh, and yet the discharge is not supposed to be any thing more than an increased secretion of mucus.

With regard to the circumstances which led to the use of the bark, they are sufficiently explained in the case itself. It may not, however, be amiss to observe, that the indication for the bark became so much the plainer in this case, as the supporting fever, if it may be so called, was not long before it assumed a tertian form ; a circumstance not to be met with in a genuine pulmonary hectic.

As the foregoing cases shew the tendency of protracted catarrhs to degenerate into concealed fever of the intermittent kind, and under this form to support symptoms in many respects nearly resembling

bling pulmonary consumption; so the same kind of transition, and the same consequences, but in a still higher degree, will be observed to have marked the following cases, which originated from acute pneumonic inflammation.

C A S E III.

Mr. Everard, of Bures Hamlet, about seven miles from Sudbury, aged about thirty-two, had from his infancy been of a remarkably thin and consumptive habit. About the latter end of May 1772, he was seized with the usual symptoms of an acute pleuro-peripneumony, in which he was attended by Mr. William Rose, an ingenious surgeon, then living in the same town, by whom he was repeatedly bled, and otherwise treated in the most judicious manner; but notwithstanding this, about the fifth day a most alarming rigor came on, which was succeeded by so sudden and copious a discharge from the lungs, that he was in danger of suffocation.

The matter brought up, Mr. Rose informed me, was much streaked with blood,
and

and greatly resembled that usually discharged from a large abscess. His breathing was but little relieved by it, though the fever, soon after, began to remit in the day-time. Still, however, he had a severe exacerbation every evening, which lasted till between two and three o'clock in the morning; about which time he fell into a sweat, which commonly continued till the middle of the forenoon. These sweats were so profuse that he was often in danger of fainting even in bed.

When I visited him the first time, which was June the 8th, his pulse was extremely low; he was very much emaciated; his face was pale, and his countenance truly hippocratic. During the night his expectoration was totally suspended, and, in consequence thereof, his cough was violent; he had frequent stitches and much soreness in his breast, breathed difficultly, and could get no rest till the sweat broke forth.

I staid with him till the sweat was gone quite off. His pulse now had recovered a tolerable degree of strength, but was quick, and had a degree of hardness, which

which had suggested to Mr. Rose the necessity of taking away a few ounces of blood the day before. It appeared somewhat fizy, but the crassamentum was rather loose in its texture. He had also for a day or two past had several loose stools, which rather shewed a putrid tendency. His tongue likewise was brown and dry, and much chapped.

As the sweat went off, his skin, I observed, became harsh and dry, particularly the palms of his hands, which were also of a rosy hue; in his cheeks likewise a circumscribed redness began to appear; he had, however, little or no thirst, and so small a degree of preternatural heat, except in the palms of his hands, that it was hardly distinguishable without examining for some time. His cough was no longer straining, but rather of the hollow kind, with which he expectorated copiously, and with great ease. He likewise breathed freely, and did not complain of stitches in his side, or foreness in his breast.

I saw no occasion for the further use of the lancet. But as his purging
was

was not gone off, and he complained a little of griping pains, I thought it necessary to order a few grains of rhubarb to be taken in the saline draughts twice or thrice in the day, and six grains of the storax pill to be taken at night, in order to appease the violence of the cough. I also advised the patient not to wait for the going off of his sweat, but to get up two or three hours sooner in the morning; and as I had not yet seen his urine, I desired it might be saved in glasses.

9th—I visited him again. His cough and difficulty of breathing, as also the stitches in his side and soreness of his breast, were relieved, in some measure, by the opiate; but he had been somewhat griped, complained of sickness and load at his stomach, and was also frequently troubled with a hiccough; his pulse was at the same time exceedingly low. I therefore prescribed a gentle vomit, and volatile saline draughts, with six drachms of the musk julep, and a scruple of the cardiac confection in each.

10th

10th—His vomit had brought up a good deal of viscid phlegm, and a considerable quantity of bile. His hiccough was quite gone; he had a natural stool towards the evening of the preceding day, and passed a better night than usual. His expectoration however, was suspended till the sweat had been on some time, after which it returned suddenly, and in a great quantity. The sweats likewise were alarmingly profuse, notwithstanding they received some check by his rising sooner in the morning, and sitting in a chair, which he seemed to enjoy, as he did likewise the fresh air, which had been directed to be let into his room from time to time. His urine was perfectly clear, and rather high coloured, but small in quantity, and that chiefly voided upon the coming on of the evening exacerbation.

As his pulse had now recovered a sufficient degree of strength, the cardiac confection was omitted, and the tincture of roses, well acidulated, ordered instead of the draughts. From the expectorating mixture, he never seemed to receive any benefit; it was therefore now laid aside,
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as was likewise a pectoral decoction, which he had hitherto used for his common drink, but which now seemed to disagree with him. Instead of this he was directed to drink weak lemonade, and sometimes a little weak red wine negus. The storax pill was continued as usual.

11th—He had passed a pretty good night; his pulse was more soft and full than I had hitherto observed it, though his sweat, which had been as profuse as ever, was but just gone off. I had likewise the satisfaction of seeing a copious lateritious sediment at the bottom of the glasses in which his urine had been saved, while the urine above was perfectly clear. I therefore ordered an ounce and a half of the decoction, and two scruples of the powder of bark, to be taken every three or four hours, beginning early in the morning, without waiting till the sweat was quite gone off. I also ordered the tincture of roses, and lemonade to be continued; and likewise the opiate if necessary.

12th—The bark had been regularly continued through the preceding day, and
agreed

agreed with him perfectly well. His evening exacerbation was very inconsiderable, in comparison with what it had been. He therefore resolved to omit the opiate; and notwithstanding this omission, coughed but little, breathed with tolerable ease, and had, upon the whole, a better night than the opiate had ever procured him. His morning sweat, however, was in no degree abated, and his expectoration continued as copious as ever; but his appetite was so far recovered that he could eat a bit of chicken, or light bread pudding for his dinner, which he had not before been able to do.

He was desired to persist in the same method, which he did about ten days longer, by which time he had got quite rid of his evening exacerbations. Still, however, his morning sweats were as profuse as ever, nor was his expectoration in the least abated; on the contrary, it now continued in the night as well as the day. He was before extremely emaciated, and in consequence of these profuse evacuations, became every day more and more so; whilst his hectic symptoms,

symptoms, which seemed for a while to have given way, became more obvious than ever; his cough, though less violent and straining, and less troublesome in the night, still continued; and his expectoration preserved its purulent appearance.

The weather being hot, he was permitted to enjoy as much fresh air as he could by sitting against an open window; he was likewise desired to take two ounces of the decoction of bark, with twenty drops of the elixir of vitriol twice a day; and at proper intervals to drink asses milk. He was also advised to attempt riding on horseback. At first he was so weak that he could with difficulty sit on the horse; by degrees, however, he acquired strength enough to ride five or six miles; and by perseverance was at last able to pursue his favourite diversion, hunting.

I saw him about four months after my last visit, when he told me he was in as good health as he ever remembered to have been.

REMARKS.

R E M A R K S.

In the case of the reverend Mr. Sandford, there was not sufficient reason to believe that actual suppuration had taken place, or that any ulcer existed in the lungs. But in the case just now related, the acuteness of the fever and other symptoms in the first stage of the disorder; the severe rigor which took place on the fifth day, and the suddenness and copiousness of the expectoration which followed, together with its highly purulent appearance, were circumstances which left no room to doubt that a considerable abscess had been actually formed, and broke at that time. Whether this event would certainly lead to pulmonary consumption, was a matter not to be determined at once, though the make and constitution of the patient seemed not a little to countenance such a suspicion.

For my own part, I was rather inclined to hope otherways; first, because, so far as I was able to recollect, abscesses of this kind which ended in consumption, were commonly preceded by signs of chro-

nic obstruction in the lungs, which had been wholly wanting in this case; and next, because the matter in such cases, commonly contracted a degree of fœtor, of which the patients were for the most part sensible some time before the vomica burst. But in the present instance, besides the absence of fœtor, the expectorated matter had a more equally concocted appearance, than that which first follows the bursting of vomicæ which lead to pulmonary consumption. I was therefore in hopes, if the cough and other symptoms could be removed in time, that the breach in the lungs might be healed before it degenerated into a permanent ulcer.

'Till this however could be effected, it was reasonable to imagine that absorption might take place, whenever the discharge from the lungs should happen to be suspended; and as this was always the case during the night, it seemed highly probable that some particles of the retained matter were actually absorbed, and occasioned those hectic symptoms, which generally came on after the colliquative sweats were gone off.

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The state of his tongue, which was dry and chapt, (an appearance hardly ever met with in the early stage of a genuine pulmonary hectic) together with the violence of the exacerbations, which however returned only in the evening, I could not help considering as circumstances which indicated the fever to be of a different kind. I knew that fevers at first highly inflammatory, sometimes become putrid remittents, and sometimes, by a more favourable turn, even assume an intermittent form; and such a transition I had already seen more than once in pulmonary cases.

I therefore waited for some such change, with a degree of impatience equal to the danger I apprehended my patient to be in. At length, the urine deposited a copious lateritious sediment, leaving that above perfectly clear. I am the more particular in adverting to this last circumstance, because, where the bark has been, in other respects, more plainly indicated than it ever is in these mixed cases, I have frequently known it to fail, when administered whilst the urine, however loaded

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with lateritious contents, still remained in a turbid state.

From what is here said, and from the remarks on Mr. Sandford's case, it may be collected, that the absence of fever during the day-time; the return of the exacerbations at night only; and the state of the urine here described, were the circumstances which have hitherto led me to the use of the bark in these cases. But as the conclusion to be drawn from them amounts to no more than a reasonable probability, so I have always thought it prudent rather to feel my way, than to enter at once upon the full use of a remedy which might perhaps do harm; but if, after a cautious trial, the symptoms, as in these cases, evidently give way, I think no other proof can possibly be required of the expediency of the medicine in question.

It is not, however, to be supposed, that the bark will supersede the necessity of other remedies. Accordingly, after having removed those symptoms which seem to be occasioned by fever of the remittent or intermittent kind (for which the bark is particularly calculated); a milk
diet

diet; riding on horseback, &c. will commonly be necessary to re-establish the health of the patient; not to mention those remedies which may be required before the bark can be safely given.

C A S E IV.

About the first week in May 1773, Mr. Philip Herrington, a farmer, aged about forty-five, was seized with a very acute pleuro-peripneumony, for which he was very properly treated by Mr. William Young, of Clare, assisted by his brother, John Young, Esq. who had formerly practised in the same place. The former of these gentlemen informed me, that on the seventh day of the disorder the patient had a violent shivering, which was followed the next day by a copious expectoration, slightly streaked with blood; that about the same time, he voided turbid urine, and sweated plentifully, but that the febrile and other symptoms, though considerably abated, were far from being intirely removed. That for some time

after this, he continued to have a manifest degree of fever all day, with a regular exacerbation towards night, which was generally preceded by a slight shivering; that towards morning, he constantly fell into profuse sweats, which continued till about ten in the forenoon. Mr. Young added, that the patient complained much of cough, difficulty of breathing, and stitches in his side during the night; and also, that he had great heat and thirst, as well after as before his sweats broke forth.

June 14—I visited him for the first time. I found him sitting in a great chair before the window, which was open. His morning sweat was gone off, and he had a hollow resounding cough, with which he expectorated very freely what had all the appearance of well-concocted pus; there was also a hectic heat in his skin; intense circumscribed redness in his cheeks; much thirst; and considerable quickness, with some degree of tightness, in his pulse. He was exceedingly emaciated, and his countenance was truly hippocratic. His appetite had been long gone, but he was perfectly regular as to stools.

During

During the first part of the preceding night, he had been extremely hot and restless, with great thirst; but about three in the morning, his sweat had broke out as usual, and lasted till an hour or two before I visited him; when it left him, not quite free from fever, but with no great difficulty of breathing. His urine was loaded with lateritious sediment, which settled in a proper manner, as I was informed it had done for some time.

Though the fever could not be considered as intermittent, (as it was never entirely off) yet the exacerbations and remissions were so distinctly marked, that these circumstances, together with the state of the urine, I thought afforded a sufficient indication for the bark; and both the Messrs. Young joining with me in this opinion, it was agreed that he should take an ounce and a half of the decoction, with one scruple of the powder of bark every three hours; beginning as soon as the sweat was off. I also prescribed a julep with half an ounce of the oxymel of squills, to be taken if his breath should be straightened by the bark; and a laxative glyster,

glyster, in case of costiveness. He was likewise advised to drink asses milk.

I did not see him again till the 24th, when I was informed, that after he first began to take the bark, his appetite grew better; his evening exacerbation ceased; his sweat was considerably lessened; his tongue (which before was dry) became moist; he had less hectic heat in the day; manifestly gained strength; and his expectoration daily lessened, without his difficulty of breathing being increased.

Notwithstanding all these encouraging appearances, he could not be persuaded to continue the bark, but had left it off during the last four or five days; in consequence of which, he was now nearly as bad as when I first saw him. Both he and his friends (who had imbibed some prejudices against the bark) now took it for granted he must die. With some difficulty, however, and not without the most positive assurances that it would probably be the means of saving his life, he was persuaded to return to the use of the bark. I therefore prescribed a very strong decoction of it, with twenty drops of elixir of vitriol

vitriol in each dose, except in those which were to be taken near the time of his drinking the asses milk. He was also desired to get on horseback as soon as he was able, and to extend his rides gradually every day.

My third visit was not till some weeks after, when he told me he had strictly complied with my advice. He had then no complaint, and followed his farming business, in the same manner as he had always been used to do.

R E M A R K S.

Whether in this case a suppuration took place after the shivering which happened on the seventh day, or whether the discharge which followed (however purulent in appearance) was no more than the expectoration usually produced by pneumonic inflammations, is a point which still remains doubtful. Be this as it may, the nature and circumstances of the fever, compared with what I had seen in Mr. Everard's and other cases, in my opinion sufficiently

ficiently indicated what ought to be the method of treatment.

The fever indeed, being never intirely off, had more of the remittent form than I had hitherto met with in similar cases; and therefore more nearly resembled a pulmonary hectic. The symptoms, however, were too violent for the beginning of a fever of this kind; which, from whatever cause it proceeds, commonly creeps on by slow degrees. There was also a total absence of one of the paroxysms which mark a genuine hectic in its advanced stages; whilst the manifest abatement of the fever in the day-time, the regular recurrence of exacerbation at night, and the state of the urine, as before described, plainly indicated a fever of the remittent kind.

These circumstances, therefore, appeared to me sufficient to justify my prescribing the bark at my first visit; and the event of the case amounts to little short of demonstration, that without it a cure could hardly have been effected. This appears from the obvious and almost immediate signs of amendment which followed its first use; from the dangerous relapse he suffered
upon

upon discontinuing it for a few days ; and from the renewed amendment and final establishment of his health upon his returning to it a second time, and duly persisting in it.

In all these cases, there was one circumstance which I wished to ascertain in a more satisfactory manner, than from mere circumstances and appearances only ; I mean whether the discharge from the lungs was really purulent or not. But I knew no method of arriving at certainty in that respect.

The following case, which is that of a spasmodic asthma, is related only for the singularity of its attack, and for its being, like the former, wholly supported by concealed fever of the intermittent kind, and cured by the bark.

C A S E V.

Sept. 6, 1773, I was desired to visit the reverend Mr. Fiske, of Shimplin, about eight miles from Sudbury. Mr. Robert Rose, his surgeon and relation, requested me to stay all night, as otherways, he observed,

served,

served, I could never form an adequate idea of his case. The patient appeared to be betwixt thirty and forty, of a habit inclined to corpulency, with a thick short neck, and a countenance rather bloated.

'Till a few months before, I was told he had always enjoyed good health; but that about the beginning of June (being in London) he was seized with a bad cold, attended with great difficulty of breathing, of which he got well under the care of Dr. Jebb. That soon after this he returned to Shimplin, but had not been at home long before his breath became so bad in the night-time that he was obliged to be supported in bed by pillows, so as to be nearly in a sitting posture; and that, if he attempted to close his eyes but for a minute or two, he was in danger of instant suffocation, upon which account he had for several weeks past been obliged to have two nurses sit constantly in his room every night.

During this time Mr. Rose informed me that he had been bled more than once; had taken one or two vomits, lac ammoniacum, castor, and various other remedies.

dies. The night before I visited him, he had taken a bolus, containing five grains of calomel, and two of *sulph. antimon. præcipit.* and a common purging potion in the morning. Nothing, however, that had been hitherto done, had procured him the least relief.

Had I not received this account from Mr. Rose, I should, upon my first visit, have concluded, that the patient ailed very little. His countenance, though somewhat bloated, had in other respects the appearance of good health; his pulse was moderately full, perfectly regular, and without the least degree of quickness; his tongue was clean; his appetite good; he was free from thirst, and had no feverish heat in his skin; his urine was of a bright amber colour; he had no cough, nor any tinge of yellowness in his eyes.

The only circumstances which seemed to demand any attention, were, a hoarseness which he said had been upon him many weeks, and a constant slight weezing, from which he suffered but little inconvenience, except when he happened to dose, to which he was very prone from his long want of sleep in the night.

Hitherto

Hitherto I had been able to form but an imperfect idea of the manner in which his breath was affected ; between nine and ten in the evening, however, after he had supped and drank about three glasses of wine, he began to be unable to keep his eyes open ; but the moment he began to dose was seized with a strangulation, like that to which hysterical women are subject ; his neck swelled in an instant ; his eyes became prominent, and his whole countenance like that of a person in an apoplectic fit ; his respiration seemed totally suspended ; and his pulse intermitted for several strokes, and when it beat, the strokes were so weak as hardly to be distinguished.

In this manner he continued near a minute, after which he roused himself like a person recovering from a fright, and returned to the same state he was in before the attack. He had three or four of these paroxysms before he went to bed, which came on and went off exactly in the same manner ; during the intervals, however, he grew thirsty, and his pulse became gradually more full and quick.

About

About eleven o'clock he retired to his chamber, and, after he was in bed, I was desired to see him. I found him supported in bed, in the manner already described, with two women standing by him, to raise him if he should happen to slip down during the paroxysms. I sat by him during the space of half an hour, in which time, oppressed with inclination to sleep, he frequently nodded, but was as often waked by a return of his paroxysms, which were of the same kind as those I had been witness to after supper; but his countenance, in the fits, approached more nearly to a livid hue, and his strugglings were more violent and alarming. In this manner I was informed he had constantly passed his nights for some weeks past, to the inexpressible terror of those about him.

While I sat by his bed-side, during the intervals of his fits, I observed a manifest redness diffused over his whole countenance, he became very thirsty, and his pulse was considerably quicker and fuller than I had yet perceived it. His tongue also, which was clean and moist during the day, was now become brown and dry.

I visited

I visited him again about eight in the morning, which was his usual time of rising. He was then getting up, for he was afraid to indulge any inclination he might have to sleep. I was told, however, that an hour or two before, his skin became somewhat moist; and examining his urine, that which was voided in the fore part of the night, appeared high-coloured, but that which was voided towards morning, had deposited a small quantity of lateritious sediment.

Though I could have wished to have seen more sediment in the urine, nevertheless, having observed the manifest transition from a non-febrile to a febrile state, and being moreover assured that this had now been the case for many weeks; I had little doubt but that the paroxysms which affected his breath in so dreadful a manner, were, in a great measure, if not wholly, supported by lurking fever of the intermittent kind. Upon mentioning my suspicion to Mr. Rose, he readily inclined to the same opinion.

As the paroxysms, however, were so evidently spasmodic as well as febrile, I
thought

thought it necessary to join the tinctures of valerian and castor to the decoction of bark. Accordingly, a draught so prepared was directed to be taken at eleven in the morning, and at five in the afternoon; and an expectorating mixture was ordered to be kept in readiness, to be taken as occasion might require. He was likewise advised to leave off drinking foreign tea, and to drink valerian, or rosemary, tea in its stead. I also desired Mr. Rose, if he found the bark did not affect the patient's breathing in the day-time, or otherwise disagree with him, after a day or two to give it in substance.

I did not see him again till the 17th, when he told me, that he began to take the bark the day it was ordered; that his breathing was less violently affected than before; that he enjoyed longer intervals between the paroxysms in the night; that he was less thirsty and feverish, and of late had slept from four till about seven in the morning.

He likewise informed me, that Mr. Rose calling on him the next day, and finding such evident signs of amendment, sent

him an ounce of the powder of bark, divided into eight doses, with directions to take one every three hours, beginning as soon as he conveniently could in the morning; he said, that having complied with this direction, he slept the succeeding night for five or six hours without the usual interruption from his fits; and that now he felt no inconveniency with respect to his breathing, except after a full meal.

He had for some days pursued his usual amusements in the fields, and has ever since enjoyed a state of good health, without any return of his complaint.

XXIII. *On the Efficacy of Opium, in the Cure of the Venereal Disease; by FREDERIC MICHAELIS, M. D. Physician-General to the Hessian Troops. Communicated by DR. SIMMONS. Read Dec. 30, 1783.*

THE use of opium, as a specific, in the venereal disease, is one of those new ideas which we owe entirely to accident. No one (so far as I know) ever gave this medicine in venereal cases, unless merely to alleviate pain or lessen irritability, before the year 1779; when the idea of its possessing peculiar antivenereal powers, was suggested by the astonishing recovery of a young gentleman, who, after having tried a variety of mercurial preparations, for a most inveterate venereal complaint, gave up his business in New-York, where he then resided, and went to England, without hopes of recovery. He there took large quantities of opium to alleviate his excruciating pains; its effect, however, surpassed his most sanguine expectations, for, without using any other remedy, he found him-

self perfectly cured within a very short space of time.

I no sooner heard of this extraordinary recovery, than I became desirous to ascertain whether opium would have the same effect where no mercury had been used. My trials for this purpose have been pretty numerous, and in general attended with great success. They were made with all the accuracy I was capable of. The medicines were always given by the mates of the hospital, and I myself saw the patients daily, and wrote down, upon the spot, every change that occurred. The patients were so carefully attended to, that I am certain they took the medicines in the doses I directed; and equally certain that they took no mercury, or other remedy.

I think it necessary to mention this, as many persons are prejudiced against observations made in military hospitals, from a supposition that they cannot be made with sufficient accuracy. But I must beg leave to observe, that when military hospitals are properly conducted, they afford an opportunity for as much accuracy in experiments, as can possibly

possibly be obtained in other hospitals, or in private practice. And, in an inquiry like the present, they have this peculiar advantage, that we are able at any time to get information, from the regimental surgeons, whether the patients have had a relapse after their dismissal from the hospital.

The cases I now have the honour to lay before you, are only part of my experiments on this subject, (the whole of them you would perhaps think too tedious) but I must observe, that they are by no means select ones, as nothing, I think, has been more prejudicial to medical science than the partial accounts of different remedies already published. I acknowledge, indeed, that opium has not always succeeded, but the proportion of the successful cases, to those in which this remedy alone did not effect a cure, was as three to one; and among the cases in which it failed, there were many in which mercury proved equally ineffectual.

It is truly astonishing what immense quantities of this remedy the human frame will bear. We have been used to think

two hundred drops of laudanum a day, a considerable dose, even in cases of *Tetanus*, in which, for obvious reasons, greater quantities may be given than in most other complaints. But half a drachm, or two scruples of the *Extractum Thebaicum* daily, is what has, I believe, been seldom given. Yet this is the dose which several of my venereal patients (who never had been accustomed to opium) took for several weeks, with the best effect; and it was very remarkable, that these enormous doses often produced little or no sleep, and that when they had that effect at first, it generally went off in a short time.

The effects this medicine produces upon the human body, have not yet been observed with sufficient accuracy. It is a general opinion, that it diminishes every secretion, perspiration excepted. This certainly is a mistake; and though in many cases it promotes a diaphoresis, yet in many others I have seen no such effect, but, in its stead, a plentiful secretion of urine, so that in several patients, the quantity of urine exceeded that of all the fluids they had drank. This effect of large doses of opium
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on the secretion of urine, though not quite so general a one as its promoting sweat, all my medical friends in New-York who made trial of this new remedy, have observed so often, that, extraordinary as it may seem, the fact is beyond all doubt.

Another effect, which I, and several of my medical friends, observed now-and-then (though rarely) was, an increased secretion of saliva, sometimes amounting to an actual salivation; a symptom which I could not ascribe to any former remedy, as it occurred even in those who had never taken any mercury. But what will perhaps appear still more incredible, is, that opium sometimes produces a most violent diarrhoea, particularly when great quantities of it are accumulated in the bowels. As to its effect upon the pulse, I found generally that it quickened it at first, but afterwards commonly made it very slow and full; yet, in a few cases, I have seen it continue quick and small, till the opium was discontinued. Sometimes indeed it produced head-ach, anxiety, pain in the breast, &c. which used immediately to vanish after bleeding; and for this reason,

son, if the patient is of a full habit, we ought not to omit bleeding, before we give the opium. I also made it a constant rule, to cleanse the bowels previously, if there was any indication for doing so; it being well known that opium is improper when there are impurities in the first passages.

I have seen some few whose stomachs did not bear opium in substance; and even the thebaic tincture was now-and-then thrown up, but this happened so seldom, that I did not find it necessary to discontinue the remedy. In general I have observed that patients bear the tincture perfectly well, when opium in substance does not agree with them.

Some objections have been, or may be, made against this new method, of which I think it right to take notice.

1st. It has been said, that in order to produce the wished-for effect, very large doses of opium are necessary, and that the use of so great a quantity is attended with very bad effects, some of which come on immediately, while others appear after the remedy is left off, and affect the
patient's

patient's health for the rest of his life. The example of the Turks has been quoted, whose constitutions are often undermined by the frequent use of this drug, which destroys their appetite, weakens the whole nervous system, makes them fallow and thin, and frequently brings them to an early grave. All this is but too true, but I do not see that it affords any argument against the medical use of opium. Should we give no wine in putrid fevers, because many persons have shortened their lives by the abuse of it? I have seldom seen any of the abovementioned bad effects during the use of this remedy, and when they did occur, they almost always gave way to the bark; which, in such cases, I used to give with the opium.

In two cases I found it necessary to discontinue the medicine, on account of some hectic symptoms, which I apprehended were occasioned by it. Both these patients, however, died soon after, and on dissection I was convinced that the symptoms which had been ascribed to the opium, were the consequences of a disease at that time existing in the lungs. I think it, however, necessary

cessary to observe, that a quickness of the pulse, and copious sweats, will sometimes occur in the beginning of a course of opium ; but experience has convinced me, that these symptoms generally disappear when the patient becomes a little accustomed to the medicine ; and if they do not, the bark given with it, as before-mentioned, speedily removes them.

After the cure has been compleated, I have never seen one case in which there remained any weakness, or fallowness of the complexion, that did not immediately yield to the bark ; a circumstance extremely favourable to this new remedy, particularly when compared to mercury, whose baneful effects so often render it doubtful whether the life purchased by it, is not too dearly bought.

There is, indeed, one symptom sometimes produced by large doses of opium, which is very apt to alarm us in the beginning ; I mean a trembling of the hands. But I can with confidence assert, that it seldom is of any consequence ; as it rarely hindered me from continuing, or even increasing
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the dose of the remedy. And I think it very remarkable, that in several cases where opium had been given a considerable time in large quantities, this symptom did not make its appearance till several days after the patient had left off taking it.

An extraordinary instance of this is the case of a friend to whom I had given large quantities of opium, on account of a violent inflammation of the eyes; in this case, the effect in question could not well be ascribed to the opium remaining undissolved in the stomach, my friend having taken much less of the solid extract than of the liquid laudanum. Both the tremor and the anxiety however, went off instantly, after he had drank a glass of madeira.

In another case, where a tremor also came on several days after the use of the opium had been dropped, and where a sound sleep seemed to have removed it, the tremor was again brought on by a few dishes of coffee. Let me, however, observe again, that alarming as this symptom may appear, it
never

never lasts, but generally goes off without any remedy at all.

2dly, It was objected by a medical friend of mine, who made a considerable number of trials on the subject; that although in many cases, opium alone (without the previous use of mercury) cured very bad venereal complaints, yet he suspected that it produced a disposition to scurvy, as he observed in a few instances, that the ulcers and gums of his patients began to bleed. Having carefully examined all those cases, and having found that all the patients were soldiers, who for obvious reasons (such as salt provisions, want of vegetables, frequent sea voyages, &c.) are seldom intirely free from scurvy, I suspected that they brought it with them to the hospital. I was confirmed in this idea by observing, that though my own patients took enormous doses of opium for a great length of time, yet I never could find that it produced a scorbutic disposition, though I daily examined them on this head. But what sufficiently vindicates our remedy from the above-mentioned imputation is, that

that opium was given to the amount of a scruple a day, during the late war, with the most astonishing success, in scorbutic ulcers, in the naval hospital at Haslar; a very interesting fact, for which I have the authority of a medical gentleman who attended those patients daily.

I therefore cannot but consider it as a peculiar advantage of opium, that it may be employed, not only with the greatest safety, but with great advantage, in those distressing cases where the venereal taint is connected with the scorbutic one, and where the use of mercury is entirely inadmissible. I have seen a bloody salivation with the most dreadful inflammation, excoriation, and gangrene, of the throat, which threatened death, in several cases where mercurials had been given to people who were thought cured of the scurvy; on the other hand I have seen several instances in which the venereal virus was combined with the scurvy, and in which opium, bark, and acids, produced a perfect cure.

3dly. A very common objection is, that opium is apt to produce an obstinate costiveness. Experience has convinced me
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that this symptom attends large doses of opium less frequently than is commonly imagined; that it is never obstinate, and is infinitely less disagreeable than the violent diarrhoea, which all who have given opium in large quantities, must have sometimes observed. This latter effect I thought might be owing to large quantities of the pills being collected in the bowels, (although the patient had a stool or two a day) and acting as a drastic; and I have since been confirmed in this idea, by never having seen this disagreeable symptom since I have made it a rule to give a purge once a week, during the use of the opium, even though the patients were not costive.

4thly. It has been hinted, that the effect of this medicine in old cases, where mercury had been given, is no proof of its possessing any specific powers in the venereal disease; that probably the virus, in such cases, had been previously extinguished by the mercury, but that some of the general causes which hinder the healing of ulcers, such as pain, morbid irritability, &c. had prevented a perfect cure, and that opium had only removed some of these;
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that the great efficacy of this drug in curing ulcers in general was known long ago, and that consequently there is nothing new in the pretended discovery. To this I answer, that in a great many of the cases which I have had under my own care, or have seen treated by others, not a grain of mercury had ever been taken before, and yet in most of them a perfect and permanent cure was obtained; but besides this it ought to be remarked, that I found the remedy to succeed not only in ulcers, but also in the gonorrhoea and in almost every kind of venereal symptom, such as phymosis, paraphymosis, condylomata, eruptions, nocturnal pains, indurated testicles, &c.

5thly. Some have supposed that the whole effect of this new remedy is merely temporary, and that it does no more than merely palliate the symptoms, and lull a poison which of all others is most apt to be lulled for a time, and then to break out again with double violence. To this objection I can oppose a number of cases, treated with opium alone, in which, though more than a year is past, there

there has been no appearance of a relapse, so that I think there is the highest probability of their being perfectly cured. In some I have seen a relapse soon after they left the hospital, but most of them got perfectly well by a second course of opium; tho' in a few cases neither opium nor mercury were able to effect a cure. The relapses I allude to were owing, I think, to my having discontinued the opium, soon after the disappearance of the symptoms; for since I have made it a rule to continue the use of the remedy a very considerable time after the removal of the symptoms, I have seen no instance of relapse. After all it is certain that a similar objection may be made against mercury, as there is no mark by which we can be certain of having used that remedy a sufficient length of time.

6thly. Another objection to the use of opium in these cases is, that the patients after being accustomed to such enormous doses, will perhaps not be able to do without it during the rest of their lives; and that if any future disorder should make the use of opium necessary, this drug will have
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lost all power over a constitution so accustomed to it before.

But facts are more conclusive than reasoning. No patient that I have seen has ever become so accustomed to the remedy as to wish for it after he had left it off, though he had taken half a drachm of it, and even more, every day for a long time; and what is more astonishing, I had two patients, who, some time after they had been cured of their venereal complaints, were attacked with some other disease which required the use of opium; I prescribed it in doses of one or two grains, and to my surprize found, that this small dose fully answered my purpose. A medical friend of mine at New York, Dr. Bard, has observed the same thing.

With respect to the manner in which opium acts in curing the venereal disease, I confess myself ignorant. I am pretty certain, however, that its efficacy does not entirely depend on the evacuation it produces, as I have often seen it cure very speedily where it promoted no evacuation.

With regard to the dose of the remedy, it is impossible to give any other rule than

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that of increasing it gradually, and cautiously. The practitioner must determine, by experience, what dose can be born; but, as I mentioned just now, these trials must be made with caution, because the effect of this drug does not always appear immediately. It will be necessary also to evacuate, from time to time, any quantity of opium that may be accumulated in the bowels. Generally speaking we may begin with three grains a day, and increase the dose to a scruple, which in most cases will produce the desired effect, before the patient becomes so habituated to its use, as to render a larger dose necessary.

I did not find it necessary to be very strict with respect to diet, but indulged my patients with wine and meat in order to keep up their strength; and never observed any bad consequences from this manner of living.

Before I conclude, I must say a few words concerning the experiments of others on this subject. Soon after the extraordinary recovery which led to this new method was known, Mr. Grant, surgeon to the British general hospital at New York, gave opium in a number of venereal

nereal cases by the advice of Dr. Nooth. The effects were very striking, as I myself observed; but as all these cases were old ones, in which mercury had been previously given, I did not think them decisive, nor did Mr. Grant himself, as he informed me by a letter he favoured me with on this subject. After this, many trials were made in the British military hospital at New York by Messrs. Beaumont, Foster, and Wier, in recent cases; but I owe it to truth to say, that the success was not quite so great as I expected, after what I had seen in my own hospital; and the remedy was almost entirely laid aside, towards the close of the war, in the British general hospital, though Dr. Nooth, who had the superintendence of it, wished very much to establish its use. I myself was an eye witness of its failure there; but I must observe at the same time, that I now-and-then thought a little more perseverance would not have been amiss, and that my friends often had recourse to mercury before the opium had had what I thought a fair trial. I must also remark, that the irregularity of the soldiers was such that the medical

gentlemen who attended them, thought their experiments not quite conclusive.

These circumstances I think it my duty to mention, contrary as they are to my own experience, truth being my aim, not the establishment of a new mode of practice.

Some trials were also made in America (which have since been published *) by Dr. Schopf, physician to the Anspach troops, which proved the efficacy of this new remedy.

I understand that in several of the principal hospitals in London, trials are making with this new antivenereal medicine, and that some Dr. Saunders has already made, in Guy's Hospital, give him a favourable idea of its efficacy.

Future experience must decide on this subject; but the effects already observed certainly justify us in giving this new medicine a fair trial, particularly in cases where mercury cannot be used with safety, or where it has been tried in vain. Whatever success I may hereafter have with it, I shall think it my duty to lay it

* Von der Wirkung des Mohnsafts in der Luftseuche, &c. 8vo. Erlangen, 1781.

it before the public, whether it may tend to confirm, or to contradict, the good opinion I have of it at present.

C A S E I.

A soldier who never had any venereal complaint before, a fortnight after connection with a woman, observed ulcers, first about the penis, and soon after about the anus, without a gonorrhoea. These ulcers, to which he applied a saturnine lotion, discharged a great quantity of serous matter ; and growing worse every day, he came to the hospital after nine weeks illness.

I found the private parts, perinæum, thighs, and inside of the mouth covered with condylomata, and ill-looking ulcers ; and eruptions all over his body. The inguinal glands were not swelled, nor had he any nocturnal pains.

He began with four grains of *extractum thebaicum* a day, and the ulcers were dressed with a solution of the same. The third day the dose was increased to six grains, and on the fourth there was already

such an evident change for the better, as to astonish several of my friends who did not entertain a favourable idea of the new remedy. All the ulcers looked much cleaner, and though they had been excessively painful till the third day, now gave no pain at all; the ulcers and condylomata in the fauces were much diminished and almost dry. Seldom or never have I seen a greater change produced in so short a time, by any remedy whatever.

The patient was mending every day, when a slight attack of fever, which seemed to arise from the primæ viæ, interrupted the cure for five days, and made it necessary to cleanse the bowels. But as soon as this was over, I again returned to the opium, of which I now ordered eight grains a day. The effect was such that twenty days after his reception into the hospital, (notwithstanding the delay occasioned by the fever) the eruption, and likewise the condylomata and ulcers about the private parts were removed; and a few days after, the ulcers remaining in the throat were perfectly healed. About a fortnight after this

this a small sore spot was observed upon the private parts, but it soon disappeared, merely by being touched with a caustic. He continued, however, to take eight grains of *extractum thebaicum* for about a month after the disappearance of the symptoms; during this time there came out another eruption like the itch, which I did not think venereal, and I was confirmed in this idea by its soon entirely disappearing after the internal and external use of brimstone.

When this patient first began the opium it made him rather sleepy and costive; but as he became accustomed to the remedy, it ceased to have these effects. His pulse I generally found full and slow. There was no increase in the secretion of urine, sweat or saliva, which seems to prove that, in this case at least, the cure was not the consequence of any increased evacuation. The patients strength, looks, and appetite, were by no means impaired.

This cure seemed to be as permanent as it was quick. I saw the patient three

months after in perfect health, but then lost sight of him.

C A S E II.

A person who had never been infected before, had a chancre on the penis, without a gonorrhoea; he used a white powder externally (probably a preparation of lead) which healed it in three weeks, and he did not feel any inconvenience till a twelve month after, when, on a sudden, without any new infection (so at least he assured me) an ulcer appeared in his throat. For this he made use of calomel and corrosive sublimate, for three months, by which means he got cured, though with the loss of the uvula. He then continued well another year, but about a week before I saw him, ulcers again appeared in his throat, though he assured me he had avoided all intercourse with women since his former illness. I found no venereal symptom, besides these ulcers.

He began with four grains of opium a day, and used a gargle composed of two hundred drops of *tinctura thebaica* and six ounces

ounces of water. The effect was surprizing, for on the third day he could swallow with much more ease, and the day after the ulcers looked much cleaner and began to heal. Having encreased the quantity of the remedy to eight grains, I found, on the sixth day, every ulcer healed, except one, which was seated so deep that whenever the gargle touched it a retching was produced, so that the patient had neglected it on that account.

Notwithstanding this, however, that ulcer seemed quite healed by the fourteenth day. A violent pain with which he was seized at that time, in his left ear, immediately yielded to a blister. A week after the ulcer was healed, he again complained of a slight pain in that part of his throat where it had been seated, but it went off the next day, without ever returning again.

A continual sweating, particularly in the night, which the opium occasioned, having weakened him, and made him look pale, I now lessened the dose to six grains a day, and gave him the bark; by which means, though the sweating continued, he

he soon grew stronger than he had been even before his illness.

After having continued the opium an entire month after the symptoms had disappeared, he was discharged perfectly well; nor has he had a relapse, though it is now nine months since. The remedy made him neither sleepy nor costive, though he took eight grains a day, nor did it increase the secretion of the saliva or urine; but after the first fortnight it produced a plentiful perspiration, as was before observed.

C A S E III.

A negro, who had a gonorrhoea, with a small ulcer on the glans penis, and buboes which had broke and healed up again three or four times, came to the hospital, after having been five months ill; during which time he had taken no medicines. He had now also a great number of bad ulcers about his private parts, and a few in the throat; a phymosis; and violent pain in his arms as soon as he grew warm in bed.

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He began with three grains of opium a day, and in a week, the dose was increased to twelve grains.

By that time the ulcers were almost healed, the swelling of the prepuce was diminished, the buboes had disappeared, and he now complained only of a pain in his right hip.

Five weeks after his reception he was discharged, perfectly cured. His largest dose of opium was half a drachm a day, to which quantity he soon became so accustomed as not to become sleepy or costive; nor did it promote perspiration. Six months after he left the hospital he had had no relapse.

C A S E IV.

A man came to the hospital with a great number of ulcers about the penis, scrotum, and fauces, besides a great number of condylomata about the anus; which symptoms he had had about a fortnight. He assured me he never had been infected, except two years before, when he had a gonorrhoea, which disappeared in three months

months, without the use of any remedy; and denied his ever having since exposed himself to the danger of a fresh infection. Five days after he had taken opium, at the rate of three and four grains a day, and used the solution of it externally, the condylomata, from which a considerable quantity of serous matter used to issue, began to dry up; the ninth day the ulcers of the scrotum were almost healed, and by the thirteenth, (the patient then taking half a scruple a day) the condylomata had entirely disappeared, and the ulcers about the private parts and throat looked perfectly clean and seemed ready to heal.

But from this time he did not mend so fast, as might have been expected from such a beginning. The ulcers in the throat began to suppurate more, and though they soon mended again, I saw with concern, the fourth and fifth week after his reception, fresh ulcers arising about his private parts, and this at a time when he took not less than twelve grains of opium a day. But having increased the dose to eighteen grains, in the course of the sixth week,

week, he again began to mend, though there still remained an ulcer on the left side of the fauces. A few fresh condylomata made their appearance about the anus in the seventh week, (at which time he was taking twenty-four grains of opium a day,) but they soon disappeared; and at the end of the thirteenth week, ten days after every venereal symptom was removed, he was discharged from the hospital.

These large quantities of opium neither made him costive nor sleepy, nor were his perspiration or saliva at all increased; but I perceived that he now-and-then, for a day or two, made more water than usual. His pulse generally was slow and full; and his appetite and strength were not impaired.

About a month after his dismissal, he returned, and shewed four small ulcers which had appeared within a few days. He again returned to the external and internal use of opium. The ulcers very soon healed, and after having taken the remedy for a considerable time longer, he left the hospital perfectly well. Seven months after he had had no relapse.

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C A S E V.

A patient who had a recent ulcer on the penis, with a bubo, unaccompanied by a gonorrhoea, had taken about two grains of corrosive sublimate without any apparent benefit; I ordered him first three, and soon after six grains of opium a day. As early as the fifth day an evident change for the better was observeable; the ulcers being ready to heal. In nine weeks he was perfectly free from complaint, but I thought it right to continue the opium (of which he at last took half a scruple daily) for ten days longer.

Neither his appetite, strength, or complexion suffered in the least by the remedy; nor did it ever make him costive, or affect the secretion of saliva, urine, or perspiration.

It once excited vomiting, and for some time made him very sleepy; it also occasioned a tremor of the hands, and giddiness; but these effects soon wore off, without my diminishing the quantity of the opium. His pulse was generally slow and hard.

Seven

Seven months after he left the hospital he had had no relapse.

C A S E VI.

A soldier was brought to the hospital with a very large, painful, foetid ulcer, on the upper and inner part of his right thigh, swelled inguinal glands, and ulcers on his penis. He informed me, that a year and a half before he had been first infected; and then had only an ulcer on the glans, (without a gonorrhoea) for which he took fifteen mercurial pills. Soon after there appeared a bubo, which had suppurated and closed several times, within the last six months.

The ulcer also had sometimes healed, but soon made its appearance again. He had also had violent pains for seven months, which came on when he grew warm in bed, but had now left him about six weeks.

He had hardly taken the opium a week, (first at the rate of three, and then of six grains a day,) when a most striking change for the better was evident to all who

who saw him. The excruciating pain of the ulcer, which used to deprive him of sleep, was entirely removed; the ulcer looked much better, had almost lost its bad smell, and towards the end of the third week was perfectly clean and ready to heal. Soon after there appeared a fresh glandular swelling above the ulcer; but this also soon disappeared. In the course of the fifth week the large ulcer was perfectly healed, as all the smaller ones had been for some time. I made him continue the remedy (at the rate of twenty-five grains a day) for a fortnight longer, and then discharged him. He returned however, at the end of a week, saying, that he had continued perfectly well the first six days after leaving the hospital, but that on the evening of the seventh he began to tremble violently; that the next morning he had waked early, and found himself free from tremor, but that he had no sooner drank a few dishes of coffee than he was again seized with so violent a tremor, as to be unable either to sit or stand. He sweated profusely, was extremely giddy, and his inclination

inclination to sleep was so irresistible that he could scarcely keep his eyes open. When I saw him, he had just slept an hour, and his tremor was considerably lessened. He complained of violent thirst; his pulse was full and slow, beating only sixty-two times in a minute. His body was open. The most surprizing circumstances of this man's case were, that the opium had never made him sleepy at the time he was taking it, (though it once made his hands tremble for a day or two) and that his present symptoms did not come on till several days after he had left it off. I immediately ordered him to lose ten ounces of blood, and prescribed a dose of purging salt, to carry off the opium that might remain in the bowels; after which I recommended the use of vitriolic acid, diluted with a considerable quantity of water.

The next day I found the tremor much abated, but his thirst, giddiness, and drowsiness were still considerable. His pulse was full and hard, but not quite so slow as before.

He now informed me, that three days before his re-admission, not only some

of his former ulcers about the glans had broke out again, but that even a few fresh ones had appeared; and that the glands of his right groin were considerably swelled again. I ordered a gum plaister to be applied to the bubo; gave him a saline purge; and made him continue the spirit of vitriol in large quantities.

Next morning I found that the purge had procured him many stools, and that the tremor, giddiness, and drowiness were gone. His pulse was slow and feeble. As he had grown rather thin and pale, during the use of the opium, I ordered him a decoction of bark.

On the fourth day I again gave him three grains of opium, and had his ulcers dressed with a saturnine lotion. Two days after there was already an evident change for the better in the ulcers, and in five days more they were all perfectly healed, and the bubo gone. I made him continue the opium, at the rate of three grains a day, for eleven days longer, which he bore very well, and never afterwards had a return of the tremor. The bark was continued with the opium till he quitted the hospital.

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I could not find that the remedy rendered him costive, or promoted either perspiration or spitting. But the secretion of urine was so much augmented, that the quantity of all the fluids taken in twenty-four hours, was often exceeded by that of the urine more than one third; which is the more surprizing, as he had at the same time loose stools. Three months after he left the hospital he had had no relapse.

C A S E VII.

A foldier came to the hospital with a bubo which had been open nine weeks, during which time he had been taking a solution of corrosive sublimate, which seemed at first to have a good effect; but when he came under my care, I found that he had a very large, painful, spreading, offensive ulcer, with callous edges, besides a small chancre on the prepuce.

He began with three grains of opium a day, and soon increased the dose to six; the ulcer at first mended apace, but afterwards put on a less favourable appearance; and,

on account of its foetor, was dressed with bark and *aqua calcis*. The great debility of the patient, occasioned by the large suppurating surface, and the absorption of matter, induced me to order him the bark internally, and from that time every thing went on according to my wishes ; for not only his strength and appetite were much improved, but the ulcer also now looked every day better. In the mean while he continued to take opium, at the rate of twelve and sixteen grains, but when I at last gave him a scruple a day, he became so sleepy, that I thought it better not to give him any more of it. He had now taken it seven weeks ; and the ulcer looked extremely well, and was upon the point of healing. I therefore contented myself with having it dressed with a solution of opium, and continued the internal use of the bark for six weeks longer, when I dismissed him, perfectly well.

This cure was not a quick one, as it took up above three months ; and the bark seemed to have no small share in effecting it. I saw the patient seven months after he had left the hospital, when he continued perfectly well.

C A S E

C A S E VIII.

A man who had never had any venereal complaint before, perceived a small ulcer on the prepuce, which was followed by many more ulcers, and condylomata, about the private parts. There was no swelling of the inguinal glands, nor gonorrhoea. In this state he came to the hospital, at the end of seven weeks, not having yet taken any medicine.

Being curious to try what the mere external application of opium would do, I ordered his ulcers, &c. to be dressed, four times a day, with a solution of six grains of opium in six ounces of water. The effect was surprizing; for as early as the next morning all the ulcers (from which, the day before, there issued a great quantity of ichorous matter) were perfectly dry, and all the condylomata from being very large and high, were become quite flat; and many of them had entirely disappeared. But successful as the beginning of this trial was, I was soon convinced, that the mere

external use of opium was not sufficient, for some of the condylomata still remained; and several of the ulcers, at times, still discharged the same ichorous matter.

I therefore combined the internal use of the opium with the external, increasing the dose gradually, from three grains, to half a scruple a day. The condylomata were touched, from time to time, with a caustic. At the end of six weeks he left the hospital, perfectly well; and he might have been discharged much sooner, but was prevented by two obstinate condylomata, which remained long after all the rest had perfectly disappeared. A month after this, he left America, and was then free from complaint.

C A S E IX.

A man who had an ulcer on the prepuce, took for some time, a solution of corrosive sublimate. But growing worse and worse, he came, after three weeks, to the hospital.

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I then discovered two large chancres upon the glans and prepuce, besides a paraphymosis. He got rid of the latter in three days by bleeding, emollient cataplasms, and taking three grains of opium a day. The quantity of opium was soon after increased to five grains, which was the largest dose he ever took. The ulcers were dressed with a solution of the same, and mended so speedily, that on the eighteenth day they were both perfectly healed. I made him take the remedy for a week longer, and then dismissed him. Five months after he left the hospital, he continued perfectly well.

C A S E X.

A patient who had several recent chancres on the glans, with a phymosis, was cured in nine days, merely by injecting under the prepuce, a solution of opium. Six months after, he had had no relapse.

C A S E XI.

A foldier who had been infected a year before, and cured; by a fresh infection got two buboes, and some chancres on the penis. He came to the hospital a month after, when I found the buboes open, but very ill-conditioned, with callous edges. He had taken a few purges, and about two grains of corrosive sublimate, without the least benefit.

I gave him opium at the rate of three grains a day, which in a few days produced a very agreeable change. Externally nothing was applied, but now-and-then the caustic, on account of the callous edges. I gradually increased the opium to twelve grains a day, and found that it increased the secretion of urine considerably. His appetite and strength were not impaired by it, nor did it make him costive. Ten days after his admission the chancres were perfectly healed; but one of the buboes required eight, and the other ten weeks; and a small ulcer on the scrotum did not disappear till the eleventh week.

week. Five Months after his discharge he was still perfectly well.

C A S E XII.

A man who had never had any venereal complaint, observed an ulcer on the prepuce, and a bubo in each groin. At the end of a fortnight, having only taken one or two purges, he was admitted into the hospital.

I gave him opium, and ordered cataplasms to be applied to the buboes; one of them was opened the tenth day, but the other disappeared. Observing in the fourth week the edges of the bubo hard and prominent, I had them cut off with scissars, and the ulcer dressed, with a solution of opium. In the mean time, I gradually increased the dose of opium, to fourteen grains a day. At the end of three months he was dismissed, perfectly well. Neither his strength, colour, or appetite were in the least impaired by the remedy. At the end of eight months he had had no relapse.

C A S E

C A S E XIII.

A man who had never been infected before got a chancre on the prepuce, and another on the glans, which disappeared at the end of three weeks, and were succeeded by a bubo, which was open when he was admitted at the hospital, the sixth week of his illness. I had the ulcer dressed with a simple digestive, and gave him opium, beginning with two grains a day. In less than a week the ulcers looked much cleaner and better. His pulse was slow, full and soft; and the remedy did not make him drowsy till the dose was increased to a scruple a day, when he grew very sleepy indeed; and his hands began to tremble. But finding that the ulcer continued to mend, I ventured to increase the dose gradually till he took half a drachm a day. About the middle of the sixth week the ulcer was perfectly healed; but for fear of a relapse I made him continue the same enormous quantity (which now had ceased to make him sleepy) for twenty days longer. At first the remedy
made

made him rather costive, and promoted perspiration.

C A S E XIV.

A person came to the hospital with a gonorrhoea, which had appeared a fortnight before; to which was now added a phymosis. The glands in the groin had swelled, but the swelling soon went off again without any medicine. He never had had any such disorder before.

A considerable fever accompanied the inflammation, which was very violent; and there was already a black spot on the prepuce. I made him immediately lose eighteen ounces of blood, and finding that this did not produce the relief I expected, I performed the operation for the phymosis; by which means I gave vent to a great quantity of very offensive matter, which had already corroded the glans. The next day the fever was much abated, but the prepuce was almost intirely of a black colour. After he had taken two doses of purging salts, he began to take opium at the rate of three grains a day.

day. In a few days great part of the prepuce fell off; and after a short time the running ceased, and the ulcer healed. A fortnight after his admission he was perfectly well; yet, for safety's sake, I made him take four grains a day (which was his greatest dose) for a week longer, and then discharged him. Twelve months after he had had no relapse.

C A S E XV.

A soldier who never had been infected before, got a bubo, which after a fortnight broke; and the next day a gonorrhoea came on. For this he took calomel for about a month or six weeks, by which he got well enough to do his duty. But about three weeks after, a great number of condylomata broke out about his private parts, and anus. Thus circumstanced he came under my care, three months after his first infection. He had no other venereal symptom.

He began with three grains of opium, and the condylomata were dressed with a solution of the same. Three days after
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this I observed that they did not discharge so much as before, and on the fifth day there was already a most surprising alteration for the better. He had a great disposition to sleep at first, but that went off as he became accustomed to the remedy.

In a fortnight the condylomata had almost disappeared, and towards the middle of the fourth week he was discharged, perfectly well ; having never taken more than six grains of opium a day.

C A S E XVI.

A woman who had been infected five years, during which time she had taken large quantities of mercury, and had been twice salivated, applied to a friend of mine for his advice. She had, at that time, a deep ill-conditioned ulcer, with dry black edges, in her throat ; her uvula diseased ; the roof of her mouth ulcerated, and in-part covered with a black crust ; and her voice considerably affected. She had no other venereal symptom.

He ordered her three grains of opium a day, and a gargle of decoction of bark,
with

with elixir of vitriol. In about ten days there was a manifest alteration for the better; the blackness was almost gone, and the ulcers looked cleaner. The dose was increased to five grains a day, which she took for a month longer, still continuing the gargle, and now-and-then taking a purge, on account of an obstinate costiveness. The progress of her cure now became rapid; the roof of her mouth was healed, her voice was perfectly natural, and nothing remained but two ulcers, which, she said, had been there from the beginning. After three weeks one of the ulcers being quite healed, and the other very nearly so, the dose was diminished to three grains, which she continued for ten days; she then took two grains, for three weeks more, though for a fortnight of that time there was not the smallest appearance of disease.

C A S E XVII.

A man who never had any venereal complaint before, a fortnight after connexion

nexion with a woman, had swelled inguinal glands, without either gonorrhoea or ulcer, and soon after violent pains in his limbs, which increased at night. In this situation he took calomel for a short time, but, finding no relief, applied to me at the end of the fourth week.

After another week, during which he had taken three grains of *extractum thebaicum* a day, an eruption appeared about his mouth, and ulcers upon the prepuce. The opium was continued, without increasing the dose, for a fortnight longer, when, finding that the pills were now constantly thrown up, though they seemed to agree perfectly well with him at first, I ordered him instead of them, sixty drops of laudanum a day, which he bore very well; but when I increased the dose to forty drops every two hours, he rejected it, and I found myself under the necessity of diminishing it to fifteen drops, though afterwards I increased the dose to forty-five drops every two hours, without his finding any inconvenience from it.

At

At the end of three months, I found no material change for the better, except that the nocturnal pains had ceased within the first fortnight. One of the buboes had broke and healed, but afterwards inflamed again and was now near breaking. The chancres looked clean but did not heal. In the mean time the patient (though his appetite was good and his diet nourishing) grew pale, thin, and weak, sweated extremely, and complained of thirst, and trembling in his hands. But as soon as I joined the bark to the opium, all these symptoms disappeared, and he became very hearty. The laudanum was continued at the rate of thirty or forty drops every two hours, which large quantity was but seldom thrown up.

After he had taken the remedy four months and a half, finding no material amendment (one of the buboes being still ulcerated, the other inflamed, and the ulcer of the prepuce, though clean, not healed) I dropt it entirely, and then took to mercurials, of which I tried various preparations for seven months longer without

without any benefit, but not without a suspicion that some irregularities in the patient counteracted the opium as well as the mercury.

C A S E XVIII.

A soldier, eight days after exposure to infection, had an ulcer of the glans and prepuce, and in ten days more, buboes, and an eruption on his forehead. He had never been infected before, and came to the hospital without having taken any medicine. I made him begin with four grains of opium a day, and in a few days the ulcers looked much cleaner. The bubo was opened, in the manner I always open them, merely by a small puncture; and, eight days after his admission, was healing very fast by the assistance of compression; only one small ulcer remained on the penis, and the eruption on the forehead had entirely disappeared. The twentieth day the bubo was healed; but soon after it began to inflame again. I twice applied a blister to it, and it soon after broke. About

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this time a trifling running was first observed from the penis, but this soon ceased, and the last fore of the penis was healed before he had been six weeks in the hospital, so that there remained nothing but the suppurating bubo, which mended very fast; the dose of opium was at last increased to fourteen grains a day; it once gave him the headach, and a slight difficulty of breathing, both which were removed by bleeding. The bubo did not heal in less than eleven weeks after his admission, and, in the mean time, a small fore of the prepuce having broke out, it was twelve compleat weeks before he was entirely free from every venereal symptom. I made him continue the opium sixteen days after the last symptom disappeared, at the rate of fourteen grains a day. He continued well for nine months, and, by a fresh infection, then got a gonorrhoea.

The opium did not make him costive, neither was the secretion of urine enlarged, nor did it in the least affect his complexion, appetite or strength; but it produced

produced a very plentiful and offensive perspiration, particularly at night ; it also made him very sleepy. His pulse was generally full and slow.

C A S E XIX.

A man who had never been infected before, came to the hospital with a gonorrhoea, phymosis and bubo. All these symptoms had made their appearance within three weeks. He had taken nothing but a few purges, and had been bled. The bubo broke on the day of his admission, and the operation for the phymosis being performed, a great number of large ulcers came to view, which were dressed with a solution of opium, of which he took three grains a day internally. As early as the fourth day, by which time I had encreased the dose to five grains, I found the bubo healing, and all the ulcers mending very fast ; and in six days more the bubo was perfectly healed, and the ulcers very nearly so. About the seventeenth day,

from his admission (at which time the ulcers were not healed, though I had encreased the dose of opium to seven grains a day,) there appeared a breaking-out on the forehead, and soon after a very troublesome humid eruption between the toes.

Finding, soon after, eruptions on both lips, with an inflammation of the uvula, and that the ulcers of the penis grew larger, I thought it adviseable to drop the use of the opium, (of which he had lately taken nine grains a day) as he had continued it for six weeks without any permanent benefit, and without any sensible effect; an increased secretion of urine excepted.

I now tried a variety of mercurial preparations, but without any material good effect; for at the end of eight months, when I lost sight of him, he was not perfectly cured.

C A S E XX.

A man who came into the hospital with two large chancres under the prepuce, which

which had appeared three months before, was discharged five weeks after his admission, perfectly cured; having taken at first three, and afterwards five grains of opium a day. Four months afterwards he had had no relapse.

C A S E XXI.

Three weeks after connexion with a woman, a man perceived a number of very large condylomata about the scrotum and thighs, without either gonorrhoea or chancre. He had taken ten pills of calomel, but without any benefit, when he applied to me.

I ordered him four grains of *extractum thebaicum* a day, and used the solution of opium externally. The effect of these was so rapid, that in the space of twenty-four hours the size of the condylomata was much diminished; and they continued to decrease in size and number, so that in ten days after his admission into the hospital there were few remaining, and in nine days more he was perfectly cured.

I made him continue to take five grains of the *extractum thebaicum* daily, for a fortnight longer. Eight months after leaving the hospital he had had no relapse.

The remedy made him very sleepy, but not costive, and at first occasioned profuse sweats; but afterwards the sweating abated, and the secretion of urine was very much increased.

XXIV. *Observations on the Causes, Symptoms, and Cure of the Pulmonary Consumption, and some other Diseases of the Lungs; by the late WILLIAM STARK, M.D. * with an Introduction and Remarks, by JAMES CARMICHAEL SMYTH, M.D. F.R.S. Physician Extraordinary to his Majesty. Read Jan. 13, 1784.*

INTRODUCTION.

THE late ingenious Dr. Stark, a few weeks before his death put into my hands the manuscript from which the following extract was taken, being desirous (from our long intimacy and friendship) to have my opinion of it, before he sent it to the press. After the unfortunate death of the author, I delivered the manuscript to his friends, who at first had some

* This ingenious physician, at an early age, fell a victim to his zeal for experimental inquiry; his death having been occasioned by a course of experiments, (made upon himself) on the effects of various kinds of food.

some thoughts of publishing it; but the publication, from various accidents, was delayed, and the intention is now, I believe, entirely laid aside. Whilst the manuscript remained in my possession, being uncertain of its fate, and apprehensive that it might never be published, I made, for my own satisfaction, an extract from it, containing the whole of his observations on the pulmonary consumption, and permitted Dr. Reid * (to whom at that time I had lent some manuscripts of my own) to take a copy of this also, never suspecting that he would make a public use of it, without informing me of his intention, or obtaining the consent of those †, who alone had a right to dispose of Dr. Stark's property. But, as Dr. Reid has altered the language and arrangement of the manuscript, has left out some material facts, and has omitted to distinguish the greater

* Author of a late Essay on the *Phthisis Pulmonalis*.

† The Hon. Mr. Fitzmaurice, the friend and patron of Dr. Stark, and Mr. Ingram of Billiter-square, were the gentlemen who took the chief direction of his affairs; and they, in the politest manner, have signified their approbation of my publishing this part of the manuscript.

greater part of what he borrowed from it; I think myself, in a particular manner, called upon, to do justice to the memory of my deceased friend, by publishing the extract I formerly made from the original manuscript; which contains many singular and useful observations, and may serve to give some idea of the superior merit of Dr. Stark, who, in candour, accuracy, and diligence, surpassed most men I have ever known.

EXTRACT *from* Dr. STARK'S *Manuscript.*

Appearance of the Lungs in the Pulmonary Consumption.

Tubercle.

IN the cellular substance of the lungs are found roundish firm bodies, (named tubercles) of different sizes, from the smallest granule, to about half an inch in diameter; the latter often in clusters. The tubercles of a small size are always solid,
even

even those of a larger are frequently so; they are of a whitish colour, and of a consistence approaching nearly to the hardness of cartilage; when cut through, the surface appears smooth, shining, and uniform. No vesicles, cells, or vessels are to be seen in them, even when examined with a microscope, after injecting the pulmonary artery and vein. On the cut surface of some tubercles were observed small holes, as if made by the pricking of a pin; in others were found one or more small cavities, containing a thick white fluid, like pus; at the bottom also of each of these cavities, when emptied, several small holes were frequently to be seen, from which, on pressing the tubercle, matter issued; but neither these holes, nor the others abovementioned, (so far at least as could be determined) communicated with any vessels. The cavities, in different tubercles, are of different sizes, from the smallest perceptible, to half an inch, or three quarters of an inch, in diameter; and, when cut through and emptied, have the appearance of small white cups, nothing remaining

remaining of the substance of the tubercle, except a thin covering or capsula. The cavities of less than half an inch diameter are always quite shut up ; those which are a little larger have, as constantly, a round opening made by a branch of the trachea. At this period, there being a free passage for the matter contained in the tubercle into the trachea, and a communication between the cavity of it and the open air, it is proper to change the name of tubercle to that of vomica.

Vomica.

The smaller vomicæ are commonly entire, the larger are frequently ruptured ; the largest (which, generally speaking, are of an oval shape, and about four inches in length) are lined, either partially, or entirely, with a smooth, thin, tender slough or membrane ; the same as the capsula of the smaller vomicæ. The matter contained in them, when the capsula is entire, is whitish or yellowish ; when ruptured, reddish ; in either case readily diffusible in water. It is proper however, to remark, that even in the largest vomicæ, when

when they are not compleatly ruptured, the matter is seldom red, but yellowish, ash-coloured, or greenish ; often foetid.

Into all vomicae (the smallest perhaps excepted) there are several openings of the bronchia ; also openings forming communications between the different vomicae ; the bronchial openings are commonly round and smooth ; the others, generally irregular and ragged. The larger vomicae, which have numerous bronchial openings, are found to contain scarcely more matter than is sufficient to besmear their surface ; and what shews clearly that the matter of vomicae is discharged by these openings of the aspera arteria, is, that if a deep incision be made into any diseased part of the lungs, and that part gently compressed, the matter will be seen to issue from the cut extremities of the bronchia ; or if any considerable branch of the aspera arteria be laid open, and the lungs pressed in the same manner, the matter will be seen coming into it, from the smaller ramifications.

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The largest vomicæ are generally situated towards the back part of either upper lobe, and are commonly concealed; though sometimes on the surface of that part of the lungs, which is thin and sinks into a hollow, there are several small apertures leading to the vomica; and sometimes, though rarely, a vomica is a hemispherical cavity on the outward part of the lungs. Wherever there is a vomica there is always a broad and firm adhesion of that part of the lungs to the parietes, or pleura, so as to preclude all communication between the cavity of the vomica and that of the chest; even tubercles are seldom found without adhesion.

State of the Air Vesicles, and Cellular Substance.

Those parts of the lungs which are contiguous to tubercles are red, sometimes soft, but more frequently firm or hard; and whilst other parts of the lungs unaffected by disease are readily distended, by blowing into the trachea, those portions

portions which are contiguous to tubercles or vomicae, remain depressed and impervious to air, either blown into the lungs in this manner, or forced, by a blow-pipe, into incisions made on the surface. So that the function of the lungs, so far as respects the admission of air, seems, in those parts, entirely destroyed.

State of the Large Blood Vessels.

The pulmonary arteries and veins, as they approach the larger vomicae are suddenly contracted; a blood vessel, which, at its beginning, measured nearly half an inch in circumference, sometimes (though it had sent off no considerable branch) could not be cut up farther than an inch; and when, outwardly, they are of a larger size, yet, internally, they have a very small canal, being almost filled up by a fibrous substance; and frequently, as they pass along the sides of vomicae, they are found quite detached, for about an inch of their course, from the neighbouring parts. That the blood vessels are thus obstructed, and that they

they have little or no communication with the vomicæ, is rendered still more evident, by blowing into them, or injecting them; by blowing they are not sensibly distended, nor does the air pass into the vomicæ, excepting very rarely, and then only by some imperceptible holes; and, after injecting the lungs by the pulmonary artery and vein, the parts, less affected by disease, which before injection were the softest, become the hardest; and, *vice versa*, the most diseased parts, before injection the hardest, are now the softest. Upon cutting into the sounder parts, numberless ramuli may be seen, filled with the wax, but in the diseased parts there is no such appearance; and upon tracing, by dissection, the injected vessels, those which terminate in the sounder parts may be traced for a long way to the smaller ramuli, but those which lead to tubercles and vomicæ, a very short way, and only to their principal branches. The wax was very rarely found to have entered the middling sized vomicæ, and never the smaller or larger ones.

Trachea.

Trachea.

The branches of the trachea are never found in any degree contracted; the internal surface of those which opened into the large vomicæ, was of a deep red, (seemingly from the enlargement of vessels) and the internal surface of the trachea itself, was sometimes partially red.

The Degrees of Morbid Affection.

The degrees of morbid affection are very different, in different subjects, and in different parts of the lungs of the same subject. In some cases there are no vomicæ to be found above an inch in diameter; in others, several of two, three or four inches. In the former cases, the pulmonary arteries and veins are hardly sensibly contracted. Sometimes not above a third or fourth part of the lungs are affected; at other times, the lungs, of one or both sides, are entirely diseased. From a rude calculation made on diseased lungs, the part which remained fit for the admission of
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of air, may be estimated, at a medium, to be about one-fourth of the whole substance of the lungs. When the lungs are only partially affected by disease, the diseased parts are always the higher, and rather the posterior; whilst the sound parts are the lower, and rather the anterior. When they are wholly diseased, the higher and posterior parts, are always much more so than the rest; and the lungs of the left side are more commonly affected than those of the right.

The lymphatic glands in the chest are frequently blackish, and sometimes contain a substance like moistened chalk. In the abdomen there is not any thing remarkable, excepting, sometimes, slight erosions of the villous coat of the intestines.

Symptoms of the Pulmonary Consumption.

The symptoms of the disease may be divided into primary and secondary; the former being such as are peculiar to affections of the chest, the latter, such as are common to those, and to some other affections.

Of the first kind are cough, spitting, pains of the chest, difficult breathing, and posture. Of the second kind may be reckoned coldness, heat, sweating, purging, wasting, pains of the limbs, &c.

The cough, which is brought on by exposure to cold, or by drinking any cold liquor whilst hot, or by various other causes, is almost constantly the first symptom, and in the beginning often the only one; though it is, at times, accompanied with stitches, or shooting pains in the chest, and with expectoration. It generally attacks by fits, which are most frequent and severe towards evening, or during the night, preventing sleep.

The spitting or expectoration is commonly very thick and viscid, of an ash colour, with a slight tinge of green, and contains many air bubbles; sometimes it is yellowish, and in small round masses, which probably come from small vomices; now-and-then, though rarely, it is streaked with blood. The quantity expectorated is generally inconsiderable in the beginning, but afterwards increases to about half a pint, or
a pint

a pint, in twenty-four hours. In those cases, where (upon dissection) the large vomicae were found almost empty, the spitting, towards the end, had been in very small quantity.

As the spitting is, perhaps, the most certain criterion of vomica, it will be proper to enquire into its peculiar character, that it may be distinguished from pus and mucus; two substances which it greatly resembles. All of them when free from air bubbles, sink in water. Pus is easily diffusible in it, by gentle agitation, but in a few hours falls to the bottom. Mucus cannot be equally diffused in water without strong agitation, but when diffused, forms with it a permanent ropy liquor. The spitting of consumptive persons is diffusible in water more easily than mucus, and like that, at first forms with it a ropy liquor; but which, in a few days, deposits a sediment in the same manner as pus; the liquor, however, still continuing ropy, and resembling mucus and water.

The pains of the chest are of two sorts; viz. stitches, which sometimes come on in

the beginning ; or a general forenefs of the chest, which is most severely felt after violent fits of coughing.

The breathing (even before the disease has arrived at its acme) is generally two or three times more frequent than that of a person in health, and is often accompanied with a sighing noise, and performed with great motion of the chest ; but it is somewhat relieved by the expectoration which follows the fits of coughing. Neither inspiration, nor expiration, can be continued so long as by a healthy person ; but the former, in consequence of the pain or cough excited by it, is most sensibly shortened.

With respect to posture, the patient commonly lies on his right side ; but this is not compleatly fixed till the disease is far advanced, when he can only lie on his back, with his head and shoulders high, and sometimes with his knees drawn up.

The coldness (which sometimes precedes any signs of an affection of the chest) comes on by fits, either regularly every day, or every other day, like the paroxysms of

of an intermittent fever ; or, as is most common, at uncertain periods.

The heat is of two kinds, either a burning heat, with intense thirst, continuing all night, which succeeds the fits of coldness ; or a continued heat, increasing towards evening, which, in general, is much more moderate.

The pulse is always small and quick ; commonly there is a loss of appetite, though in some instances, towards the end of the disorder, the appetite is voracious.

The sweating is almost a constant symptom, and is at times profuse, breaking forth, chiefly, on the head and breast ; though more commonly it is moderate, and follows the evening exacerbation ; and sometimes towards the end, it diminishes, or ceases.

The purging seldom comes on till near the end of the disease, at which time the legs are apt to swell. When the purging begins all the feverish symptoms greatly abate, but are again increased, if, by any means, it is stopped.

The wasting of the body is more remarkable in this, than in any other disease.

Pains in the limbs, or all over the body, are also not unfrequent symptoms; and the menses, in women, (who are more liable to this disease than men) commonly cease soon after it is established.

The duration of the disease is various, from four months to two years; and it will be found to be nearly in proportion to the age of the patients, which varies from seventeen to thirty-five years.

Of the different Kinds of Cough.

1st. Cough without Expectoration; or with Expectoration of Mucus only.

This cough is commonly most severe at first going to bed, and is troublesome by fits during the night; in some cases, however, (though rarely) it is worse in the day-time. It is accompanied with difficulty of breathing, sometimes with hoarseness, and often with pains in the chest; but these are seldom observed till

till the cough has been of some standing. The fits of coughing frequently terminate with an expectoration of frothy mucus, which affords considerable relief. I have, however, known instances where that relief has taken place, several hours before the spitting began. But the most remarkable symptom attending this cough, and which indeed characterises it, is, the peculiar kind of fever. After one or two shivering fits, or after slight fits of coldness and of heat alternately, which come on in the morning, or a little after mid-day, (sometimes on alternate days only) the heat begins, and continues all the afternoon, and during the night, and then commonly terminates in profuse sweating. Sometimes there is no coldness nor shivering, but a continued heat, which increases after mid-day.

The pulse is always quick, generally about a hundred in a minute, with almost constant head-ach, incessant thirst, loss of appetite, frequent retching, and sometimes faintness. This cough frequently is occasioned by exposure to cold or moisture.

Delicate young women, especially when incautious, in those particulars, about the menstrual period, are very liable to it. It sometimes terminates favourably, but oftener in *phthisis pulmonalis*; and may therefore be reckoned the first stage of this disease.

2dly. Cough, with Expectoration of thick Matter.

This cough attacks also by violent fits, commonly in the night, sometimes in the morning. The expectoration (which generally begins some weeks after the cough) is yellowish, or greenish, and is sometimes slightly streaked with blood. It is thick, viscid, and mixed with a little frothy mucus; at times foetid, and of a disagreeable putrid taste. Its quantity, is often not less than two or three pints in twenty-four hours, but it diminishes towards the end of the disease.

The pains accompanying this cough are of two kinds, *viz.* acute pains in the sides, which frequently precede the first attack of the cough, and are often
so

so violent as to stop it; or soreness, in the edges of the hypochondria, in the upper part of the recti abdominis muscles, or in the loins; which follows the fits of coughing.

In some cases there is no pain at any period; frequently there is fever, though it is seldom preceded by coldness and shivering, nor is it, in general, so regular as that which accompanies the cough first described. Sometimes, in the last stage, there is no fever, the pulse being only sixty in a minute. At this period also, purging, dropical swelling, or profuse sweats take place; though sometimes none of these symptoms occur during the whole course of the disease. As the cough abates, the fever, purging, and swelling abate also.

This cough is commonly produced by the same causes as the preceding, but sometimes the cause is unknown. It frequently proves fatal in a few months; but sometimes the patient is, for a number of years, subject to fits of it, which continue for several months at a time, especially

cially during the winter, and, in women, during pregnancy.

3dly. Cough, with Blood spit up in small Quantities.

This spitting of blood commonly happens only in the more severe fits of coughing; it is preceded by violent pains of the chest, and accompanied with great difficulty of breathing, considerable fever, and sometimes shiverings. The pains of the chest are, at times, increased by pressure; when these, and the spitting of blood, come on without any evident cause, they are often removed, in a week or two; but when they attack after exposure to dampness, or cold, they generally terminate in spitting of matter, and a fatal phthisis.

When these symptoms are occasioned by an external injury, the spitting of blood seldom continues above a week, and all the complaints cease in about a month; unless when it terminates in dropsy, which is sometimes the case. As the spitting diminishes,

diminishes, it is more or less mixed with a yellowish matter, and at last becomes entirely purulent.

In some patients this complaint becomes habitual; continuing for many years, and attacking chiefly in the winter, or after any violent exertion.

4thly. Cough, with Blood flowing from the Mouth, by Fits.

Frothy blood is brought up by fits of coughing, which are, in some cases, extremely slight, in others are violent immediately before the blood begins to flow; the quantity brought up at once is about half a pint, or a pint; it is generally pure, but sometimes mixed with matter. The blood, in some cases, flows only twice or three times during the paroxysm, in others much oftener. The approach of each fit is commonly known by the patient's expectorating more easily than usual; and when coming on, the blood is felt rising warm in the breast.

These paroxysms of hæmoptoe are sometimes preceded by a cough of several months

months continuance, accompanied by an expectoration of matter, or of blood in small quantity, or of a mixture of both; in other cases they supervene a hoarseness brought on by exposure to cold.

This kind of hæmoptoe is accompanied by slight pains of the chest, (chiefly about the scrobiculus cordis,) with faintness, heaviness and drowsiness, which symptoms are greatly increased before each paroxysm, and are attended with considerable fever; the pulse being sometimes one hundred and thirty in a minute. Fits of coldness, and of sweating, with sickness, retching, and purging, are also not unfrequent symptoms of this complaint; which, for the most part, terminates fatally, though sometimes in recovery.

Of difficult Breathing, or Asthma.

In this complaint the patients commonly breathe, with a wheezing or crackling noise, thirty or forty times in a minute, and still oftener after eating, or after the most moderate exercise. They feel a general uneasiness in the upper part of the body, which
commonly

commonly obliges them to sit up ; and likewise a tightness or pain across the scrobiculus cordis, which prevents them, whether sitting or lying, from straightening the spine, and obliges them to keep the body much bent forwards ; and sometimes makes them lie with their knees drawn up. They complain of a sense of weight either in one or both sides of the chest, or at the pit of the stomach ; when this last is the case, they sometimes lie on their face, and when they turn on their back, have the sensation of something falling from before ; or if they turn to either side, of something falling from the opposite side. They often awake in a fright. Their pulse is about one hundred in a minute. This disease is not unfrequently attended by a cough with spitting, or by dropical swellings ; and sometimes by rheumatism. It continues for many years, increasing by fits ; and I have not known it, when unaccompanied with other diseases, prove fatal.

Is it not probable, that in these cases there is a fluid in the cavity of the chest ?

or

or a superabundant quantity of fluid in the pericardium? or that this membrane (in consequence of inflammation) adheres to the forepart of the chest?

Of Pains in the Side.

These pains are sometimes so acute, and so much increased by inspiration, that the patient dares hardly attempt to breathe. He cannot bear the slightest pressure on the part affected, nor, while the pain continues violent, lie upon that side; but commonly lies on his back, with his head very high. His pulse is small, and about one hundred in a minute; with thirst, and sometimes head-ach. After the abatement of the pain, there is often a slight cough, without expectoration; and a degree of breathlessness, after exercise. The patient sometimes recovers perfectly in a few days, but sometimes the complaint lasts from one to three weeks. These pains, in some cases, attack by fits, and then they are of longer duration; or they accompany hysterical symptoms, but are then seldom fixed. The cause of them is frequently

quently unknown ; they sometimes come on from exposure to cold, and sometimes are occasioned by external violence.

Of the Effects of Remedies in Diseases of the Chest.

In diseases of the chest I have hardly ever observed any certain good effect from internal medicines. Vinegar of squills, has, on some occasions, seemed to give relief to patients affected with cough and difficult breathing; and oily medicines, or spermaceti appeared almost certainly to allay, for a short time, violent coughing. But the remedies which have still greater, and more lasting effects, are bleeding, blisters, and other local discharges; also fomentations. Bleeding is the appropriated remedy for a cough, and, except in the last stage of consumption, seldom fails to afford very considerable relief, which sometimes is felt immediately after the operation, at other times not till the next day, or even the third day; and upon some occasions, not till after repeated bleeding. This remedy is also of service in cases of difficult breathing, and in pains of the side; although,

though,

though, for the latter complaint, the appropriated remedy is a blister, which almost constantly gives relief either immediately, or the day following.

Blisters are likewise of considerable efficacy in cases of difficult breathing, or hoarseness, and sometimes of cough. Setons or issues are useful in pains of the chest; and fomentations are of service in pains occasioned by external injury. From the early application of these remedies, pains of the side frequently, and dry coughs sometimes, terminate favourably; but if they are delayed for a week or a fortnight, the disease does not yield to them, but seems to keep on in its natural course.

In cases of cough with expectoration, and of difficult breathing, or asthma, these remedies seem to afford only a very transitory relief, and to contribute but little towards retarding the progress of the disease. Those disorders, therefore, which are the most common, and the most fatal of any, are unfortunately, least under the power of physic. I have known good air of service in such cases, after bleeding had failed to afford even a temporary relief.

Remarks

R E M A R K S.

THE preceding account of the state of the lungs in the pulmonary consumption, is, I will venture to say, much more compleat and accurate than any yet published; and gives a more distinct and adequate idea of the nature and progress of this too frequent and fatal distemper.

Tubercles of the lungs, the usual immediate cause of this disease, were known in the earliest ages of physic, they did not escape the accurate observation, and wonderful sagacity, of Hippocrates, who not only mentions them in different parts of his writings, but, with consummate practical knowledge, describes the gradual transition from tubercle to vomica, the consequent alteration in the symptoms, and the various terminations of the disease. *

C c

Aretæus

* Vide Hippocrates de Morbis, lib. i. cap. x. et xiv. lib. ii. cap. lv. Idem de intern. Affect. cap. xi.

Aretæus *, and Cœlius Aurelianus, although they have described, very fully and accurately, the symptoms of Phthisis, and have given some excellent practical directions respecting the cure, do not appear to have had any knowledge of tubercles as the cause producing it; neither is there any notice taken of them by Celsus, nor indeed, so far as I know, by any other of the antient Greek, or Roman physicians, excepting Galen, † and Alexander Trallian. ‡

Having less acquaintance with the Arabian writers, I speak of them with more diffidence, but neither in Avicenna nor Rhafis, have I been able to find the slightest evidence of their having any knowledge of tubercles of the lungs.

After

* Hoffman has given a long quotation from Aretæus, in which he mentions Tubercles of the Lungs; but I can find no such passage, in that author. Vide. Hoffman Op. tom. 3. cap. 11. sect. 6. de Affectione Phthisica.

† Vide Comment 1. art. 13. in lib. vi. Hippocrat. de Morb. vulg. Vide etiam, lib. iv. de locis Affectis etiam comment. in Aphor. viii. lib. vii.

‡ Vide lib. v. cap iii. de Tuberculo quod *φυμα* dicitur in pulmone contracto.

After the restoration of anatomy by Vesalius, when the practice of dissecting morbid bodies, with a view of ascertaining the causes of diseases, became more frequent, we find physicians in the different countries of Europe mentioning tubercles as a frequent diseased appearance of the lungs; but, although often mentioned by others, the celebrated Morton seems to have been the first person who considered them as the ordinary cause of the pulmonary consumption. *

Sydenham, who in many respects merits the appellation of the English Hippocrates, was not unacquainted with tubercle and vomica, but appears to have considered them rather as the effect, than as the cause, of the disease.

C c 2

Next

* “ Hoc igitur primum tussis phthificæ criterion esse
 “ statuimus, *viz.* quod sit arida, saltem ab initio, utpote
 “ a pulmonum tuberculo, &c. Cui etiam sententiæ vel
 “ tussis hujus phthificæ natura multum favet, dum manet
 “ adhuc arida utpote a solis tuberculis orta, &c.”

Morton Phthisiologia, lib. ii. cap. iii.

Next to Morton, Sylvius de le Boe, * and Frederic Hoffman, † appear to have had the most distinct and perfect knowledge of this subject; and (what is extremely surprising) this cause of consumption seems entirely to have escaped the notice, and extensive reading, of the all-collecting Boerhaave. ‡

But although anatomy had discovered the existence of tubercles, and physicians had again enumerated them among the causes of pulmonary consumption, much information was still wanting to explain the symptoms and progress of this disease; and my ingenious friend's anatomical accuracy, and fearless attention in examining the victims of this fatal malady, were happily employed to supply the superficial remarks, or timorous researches of former anatomists. § But,
to

* Vide Prax. Med. Append. tr. 4. sect. 50. et seq.

† Vide Op. tom. 3. cap. 11. de Affectione Phthifica.

‡ In Boerhaave's Aphorisms there is no notice taken of Tubercle; but his commentator Van Swieten, has supplied this defect.

§ Morgagni acknowledges, that he, and Valsalva, were afraid of dissecting the bodies of those who had died of pulmonary consumption; and Tulpius confesses that he had the same apprehension.

to point out, in a proper manner, the peculiar excellence of his observations, it will be necessary to enter into a more minute examination of the subject.

Dr. Stark is the only person I know, who has distinguished with accuracy the particular situation of tubercles, which are constantly found (and often in clusters) in the cellular substance of the lungs; never in the air vesicles in which the extremities of the bronchial ramifications terminate; a circumstance which will be found of considerable importance in investigating the nature and origin of this disease.

We are also informed by our author, that they are at first extremely small, commonly very numerous, of a whitish colour and cartilaginous hardness; that they are perfectly solid until they arrive at a certain size, at which time matter begins to be formed in the centre, and that, as they grow larger, this kind of suppuration advances, until they are entirely changed into vomicae, but that, during this change, there

is not the smallest appearance of inflammation ; that, on the contrary, they retain their white colour and hard texture, and that no blood vessels are to be seen upon them, even when examined by a microscope, after injecting the lungs, from the pulmonary artery and vein.

All these circumstances relative to tubercle, are very different from the common opinions on this subject ; these tumours, being generally supposed capable of pain, and inflammation ; and of suppuration only in consequence of this. * And a vomica was thought to be nothing more than a phlegmonic abscess formed in the lungs, which afterwards became diseased from the rupture of the abscess, and the acrimony † of the matter it contained.

Dr.

* “ We suppose them (viz. tubercles) to be at first
 “ indolent, but at length they become inflamed, and are
 “ thereby changed into little abscesses or vomicæ, which
 “ breaking, &c. lay the foundation of phthisis.”

Vide Cullen's First lines, &c. sect. 849.

† “ As the ulcers do not readily heal, but are at-
 “ tended with a hectic fever, for the most part ending
 “ fatally, we presume that the matter of the ulcers is
 “ united

Dr. Stark has likewise pointed out with precision, the most frequent situation of vomicæ, which are commonly found in the superior and posterior part of the lungs, sometimes near the surface, though often deeper seated. He also informs us that wherever there is a vomica, or even a large tubercle, there is always a strong adhesion of that part of the lungs to the contiguous part of the pleura; and that the left side is more frequently diseased than the right. Some of these circumstances have been remarked by others, though they can hardly be said to have been properly ascertained, or generally established; but the following are still more singular and unknown, *viz.* that vomicæ whose cavities are less than half an inch diameter, are always quite shut up; having no openings of the bronchia until they arrive at a size beyond this. That those which are larger, have as constantly one, two, or more ramifications of the bronchia opening into them; thro' which, in some instances, the matter

C c 4

makes

“ united with a peculiarly noxious acrimony; which
 “ prevents their healing, and produces a phthisis.”

Vide Cullen's First lines, &c. sect. 850.

makes its way into the trachea, and is evacuated without rupture of the vomica. That the largest vomicae only are found ruptured, and, when that is the case, there is an alteration in the appearance of the matter contained in them.

But, if we are indebted to Dr. Stark for an exact account of the nature and progress of tubercle and vomica, we are no less so for his singular observations on the morbid effects produced by them on the contiguous portions of the lungs, and on the pulmonary system of blood vessels. He found that the constant and regular effect of tubercles of a certain size, and of vomicae, was, to render a part of the lungs near them red, sometimes hard, and impervious to air, of course unfit for the purpose of respiration; and that in those parts also, the smaller vessels were mostly destroyed, and the larger contracted in their diameter, or their canal, either partially or entirely, filled up with a kind of fibrous substance.

It is evident then that tubercles impede respiration, not only by occupying a part of the cavity of the thorax, but still more remarkably

remarkably by destroying the functions of a considerable part of the lungs.

From a knowledge of these facts we are also enabled to assign the reason why tubercles, though incapable of being inflamed, are often the cause of partial inflammation, and peripneumonic fever; and why, in many consumptive cases, where the lungs were in a great measure destroyed before death, no considerable hæmorrhagy had occurred during the course of the disease.

Another circumstance unnoticed by former authors, and deserving our attention, is, that the branches of the *aspera arteria*, which communicate with *vomicæ*, are upon no occasion contracted or obstructed, tho' their internal surface is always red or inflamed.

The estimate made by Dr. Stark, of the part of the lungs, which, in consumptive cases, remains at last fit for the purpose of respiration, is extremely ingenious; but, like every calculation of that kind, must be vague and uncertain.

That the left side of the chest is more frequently affected by disease than the
right,

right, is a fact for which it may be difficult to assign a reason, but, that the observation is strictly true, any one may be convinced, who will take the trouble (which I have done) of comparing, with that view, the numerous cases of pulmonary phthisis related by Bonetus, Morgagni, and others.

The general description of the phthisis given by our author, together with the more minute description of the particular kinds of cough, which, properly speaking, are the different stages or varieties of the disease, have, in my opinion, great merit; they were, to my certain knowledge, taken from nature and observation, not copied or compiled from the writings of others, and bear the most evident marks of accuracy and attention; therefore, so far as they extend, must always be looked upon as a valuable part of the history of the disease; but on a subject where so much has been written, little new can be expected, especially from a young physician, whose experience was confined almost entirely within the walls of St. George's Hospital.

I shall

I shall offer no remarks then, on this part of the subject, excepting relative to the expectoration, and the means employed by the author to distinguish it.

Physicians have frequently expressed a great desire of finding a certain criterion to distinguish pus, or purulent matter, from mucus; and several ingenious experiments have been made, expressly with that intention, particularly by the late Mr. Charles Darwin; but, in my opinion, the subject of the enquiry can never be exactly ascertained, nor, if it could, do I think that the discovery would be attended with any material advantage.

Mucus and pus, in their natural or ordinary states, are easily distinguishable from each other; the tenacity and transparency of the one, compared with the fluidity and opacity of the other, forming a contrast which, even at first sight, is sufficiently obvious. But mucus, when secreted from a membrane affected by inflammation, or otherwise diseased, is entirely altered in its appearance; and we meet with it of all the intermediate shades between natural mucus and pus, so that in many instances
it

it is impossible to determine to which of the two fluids it has the greatest resemblance. The same, to a certain degree, may be said of pus as of mucus; this (as is well known) being often greatly altered in its colour and consistence, by very trivial circumstances, and, though generally fluid, being sometimes found of equal viscosity with mucus.

With respect to the purulent expectoration which proceeds from vomicae, Dr. Stark has shewn by a very plain and simple experiment that it does not exactly agree in quality either with mucus or pus, but seems of a nature between both, being more purulent than the former, and more viscid than the latter; and occasionally sinking in water, or floating on the surface, according to the quantity of air it contains.

Great attention has been paid to the expectoration in pulmonic cases, and accurate descriptions have been given of all its various appearances; from which physicians have not only formed prognostics of the event, but have, in general, considered a purulent expectoration as a circumstance absolutely

absolutely necessary to constitute and characterize the phthisis pulmonalis.

Dr. Stark has said, that the spitting is the only certain criterion of vomica; an observation which is undoubtedly true. At the same time we may with truth affirm that, on many occasions, the symptoms of the disease, independent of expectoration, carry with them a degree of evidence little short of ocular demonstration. “ Si quis vel plebeius (says Aretæus) hominem viderit pallentem, imbecillum, tussientem, macie confectum, hunc vera Phthoe laborare pronunciat.”

In every thing which relates to prognostics, great deference will always be paid to the authority of Hippocrates; and it must be allowed, that in his writings, we meet with several prognostics taken from the qualities of the sputum, principally from its smell, colour, and specific gravity; that which was fœtid when thrown into the fire, that which was ash coloured, green, or otherwise deviating from the usual purulent appearance, and that which sunk in sea-water, were pronounced to afford an unfavourable or fatal prog-

prognostic *. But when we reflect on the casual circumstances upon which these changes in the expectoration depend; when we consider the many instances daily occurring, where the disease proves fatal, without any of these unpromising appearances; and when we compare the sentiments of Aretæus †, with the prognostics of Hippocrates, we shall, I believe, be apt to conclude, that though some appearances of the sputum are without doubt more unfavourable than others, yet, from the expectoration alone, we can never form any certain judgment of the termination of the disease.

But whatever difference of opinion there may be among physicians with regard to the sputum, and the various inferences to be drawn from it, every one must agree, that

* Vide Hipp. de Morb. lib. ii. cap. xvii. Aphorism xi. sect. v. Vide etiam Prenot. Coacæ, p. 565. edit. Vanderlind.

† Quicunque enim id (viz. Sputum) vel aqua vel igne explorant, mihi quidem Phthoen minime videntur cognoscere; si quidem non modo horum quæ expuuntur, verum etiam ipsius Ægrotantis aspectus, certiores quam alius quivis sensus morbi præbet notas.

Aret. cap. viii. lib. i. de morb. diuturnis.

that a symptom, which is not present in every instance, cannot properly be considered as a specific character of a disease; and that a definition which does not include every species under it, is imperfect. If it should appear then, that there have been instances of a pulmonary consumption terminating fatally, without any purulent expectoration, this symptom has been improperly assumed as a part of the definition of the disease*.

That

* “ We define the phthisis pulmonalis to be an expectoration of pus, or purulent matter from the lungs, attended with a hectic fever.” Vide Cullen’s first lines of the Practice of Physic, sect. 825; again, sect. 827, “ In every instance of a phthisis pulmonalis we suppose there is an ulceration of the lungs,” &c. And again, sect. 828, “ It sometimes happens that a catarrh is attended with an expectoration of a matter so much resembling pus, that physicians have been often uncertain whether it was mucus or pus; and therefore whether the disease was a catarrh or a phthisis.”

I quote Dr. Cullen as one of the latest and most respectable authors, the mention of whose name always gives me a singular pleasure, as it brings to my remembrance the many advantages I derived from his instruction, and the happiness I long enjoyed in his society and friendship. *Ηγισσεσθαι μεν ἡ διδασκάντα με τὴν τέχνην ταύτην ἵσα γέρεταισιν ἐμοῖσιν.* Hipp. Iusjurand.

That there are such instances of phthisis pulmonalis as have been just now mentioned, I could prove from my own experience, but I chuse rather upon this occasion, to take the evidence of authors who are better known, and when I mention the names of Huxham, Willis, and Bonetus, they will be allowed to merit no small share of public confidence.

Huxham has expressed himself very clearly on this subject in the following passage. “ Non omnis utique tabes pulmonaria ab ulcere pendet (rarior enim est hic casus quam vulgo putatur) plures enim quotidie per longum tempus immensam muci falsi, dulcis, vel etiam plane insipidi, copiam per Tussim rejiciunt, cui nec fœtor inest, nec purulenti aliquid, glandulis nimirum cum ductibus asperæ arteriæ relaxatis nimium. Hoc tamen sæpe, licet ægros diutius trahens, haud lethale minus fit quam si vel ipsam saniem expuissent.” *

Willis,

* Vide Huxham de Aere & Morb. Epidem, vol. ii. p. 3.

Willis, whose fame as an anatomist is well known, but whose reputation as a practical writer, has been greatly obscured by a profusion of chemical pathology, is the only author I know who has corrected the common definition of the phthisis pulmonalis. “ *Phthisis* definiri

“ *solet quod sit totius corporis intabescencia*

“ *ab ulcere pulmonis orta.* Verum minus

“ recte; quia plurimum ab hoc morbo de-

“ functorum cadavera aperui, in quibus

“ pulmones ulcere quovis immunes, tu-

“ berculis, aut lapidibus, aut materia fa-

“ bulosa per totam confiti fuerunt, &c.

“ Quapropter *Phthisis* melius definitur

“ *quod sit totius contabescencia a mala pul-*

“ *monis conformatione orta.*” *

The observations of Bonetus are similar to those of Willis. “ *Supra plurima*

“ *Tabis exempla adducta sunt a tuber-*

“ *culis, grandine, calculis, aliisque extra-*

“ *neis ortæ, citra ulcus; ab eorundem*

“ *ariditate, aliisque vitiis.*” †

To the authorities already mentioned, I am much mistaken if another may

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not

* Vide de Medicam. operat. pars. ii. sect. 1. cap. 6.

† Vide Bonet. Sepulch. cum comment Manget. vol. i. lib. ii. sect. 7. obs. 105.

not be added, of still greater weight. I mean that of Hippocrates himself, who in the *Prænotiones Coacæ*, has I think described very plainly, and in few words, the particular case in question ; the passage I allude to, is, in most editions of his works, as follows,

“ Οἱ δυσπνοοὶ ξηρῶσει πολλὰ ἀπεπτα ἀναγοντες
 “ ἐν φθισι, ολεθριοί.” thus translated by Fœsius. * “ Cum spirandi difficultate, arescentes, in tabe cruda multa educentes, exitialiter habent,” and may be rendered, or paraphrased, in English, in the following manner.

In those cases of pulmonary consumption, where the patients breathe with great difficulty, where the body is parched up with the violence of the hectic heat, and where the expectoration is in considerable quantity, though consisting only of mucus or phlegm, the disease is of fatal termination.

Duretus, not understanding the meaning of Hippocrates, has in my opinion altered

* Fœsius is the only person who has given the true signification of ξηρῶσει, which Mercurialis, Frobenius and Chartres translate by, “ *difficulter spirantes, ex putredine,*” but Hippocrates always uses the word ξηρος for aridus, not putridus, ξηρος ἔχει καὶ πυρετός, καὶ βῆξ ξηρή, &c. vide Hipp. de internis Affectionibus, Ed. Vanderlind, tom. ii. p. 207.

altered the reading of this passage very improperly, adopting the word *πληρωσει* instead of *ξηρωσει* which he translates by “*ex nimia puris abundantia*,” an expression which does not at all accord with the words *πολλα απεπτα*. Vanderlinden, from what authority I know not, has adopted a different reading, and for *ξηρωσει* has put *συριζοντες* but even admitting the propriety of this alteration, of which I do not pretend to judge, I should translate it in a different manner from what he has done, and instead of “*difficulter spirantes*” “*ex putredine*,” read “*difficulter spirantes*” “*cum sibilatione*,” which appears to me a more literal explanation of *συριζοντες*, and more conformable to the usage of Hippocrates, * and to our experience of the disease. But these critical remarks, whether well founded or not, do not in the least affect the point we have endeavoured to establish, as, independent of the word in dispute, the passage contains a description of a pulmonary consumption, unaccompanied by an expectoration of purulent matter (as *απεπτα* clearly expresses) terminating in a fatal manner.

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* Καὶ συρίζει ὡς διαχαλαμε, &c. Vide Hipp. de intern. Affectionibus. Edit. Vanderlind. tom. ii. p. 209.

XXV. *An Account of an Hydrocephalus internus of a prodigious Size, in an Adult.*
 By FREDERIC MICHAELIS, M. D.
Physician-General to the Hessian Troops.
Communicated by DR. SIMMONS. Read
Jan. 27, 1784.

INSTANCES of this dreadful disease, where the unhappy sufferers live to a considerable age, are very uncommon, and therefore deserve particular attention. Dr. Aurivillius, of Upsal, has published a case of this sort, the subject of which was forty-five years of age; and I lately met with one in America, where the patient at the time I saw him, was twenty-nine years old.

This miserable Being lives near the famous Pesaic Falls, in the state of New Jersey. His name is Peter van Winkel, he was born in 1754, of Dutch parents, who, as well as his brothers and sisters, are in perfect health. Three weeks after his birth his mother first perceived that his head was uncommonly large, and that the bones of the scull were
 much

much farther asunder than usual. This complaint soon encreased, to such a degree, that he entirely lost the use of his limbs, a slight motion of his arms excepted, and has never since been able to quit his cradle, unless carried by three or four people. As he has made no use of his feet, they have remained extremely small, and look like those of a boy of twelve years old, forming an odd contrast with the rest of his body, which is as large as that of a full grown person. His hands, indeed, though not quite so small in proportion as his feet, are, for the same reason, much more delicate than might be expected at his time of life. I measured him, and found that from the feet to the chin, he measured four feet five inches, and from the chin to the vertex exactly one foot; so that his whole length was five feet five inches, making some allowance for a slight error on account of the difficulty of measuring him with accuracy, his body and legs being much bent and contracted, and he being unable to straighten himself. But the dimension of his head I took with the utmost

precision, and found that it measured from the extremity of the chin to the root of the nose seven, and from thence over the head, (which was almost bald,) to the nape of the neck twenty-five inches; the circumference of the head round the temporal bones was thirty-two inches. This monstrous head he was unable to move, unless assisted by others.

He had a thick beard, and his features were strong and masculine. His limbs were neither rickety nor deformed, except his left hand, which had lately become distorted, from its having constantly remained unmoved in a bent position. The right side of his head was flattened by lying more on that than on the left side; but he was unable to continue for any length of time on either.

I was surprised to find that his pupils were neither enlarged, nor slow in their contraction; that he had no particular inclination to sleep; that his appetite and digestion were perfectly good, and his evacuations in general regular; but he had at times been so obstinately costive, that, glysters having proved ineffectual, sur-
gical

gical assistance had been required, to rid the rectum of the indurated fæces. No other part of the body was dropfical, nor had he ever been attacked with any other disorder till the autumn of 1783, when he was seized with a remitting fever. He appeared to enjoy perfect health in every other respect, and has frequently expressed a desire of being married. His senses are not much impaired, excepting his eye-sight, which, though quite sufficient for other purposes, is not good enough to enable him to read; at least this was the excuse his parents made for his never having been taught. Besides this weakness of his eyes he has a habit of squinting, (which he contracted some time ago by his desire of seeing those who stood behind his cradle,) which made him look extremely ugly. His hearing is very nice, and his memory remarkably tenacious; nor are his mental qualities contemptible, though he is generally considered as an idiot, on account of his looking so very stupid. I have heard several of his bon mots, somewhat bordering upon wit. He is always in good spirits, and is very

glad when people come to see him ; but then his exertions to make himself agreeable, heighten his natural ugliness. His smiles are hideous, and his shrill voice the most disagreeable I ever heard.

His religion does not consist merely in a repetition of psalms and other passages of the holy writings, of which he knows a great many by heart ; but it gives him patience and resignation to the will of Providence, so that he bears his misfortune, not only without murmuring, but with chearfulness, and has an attachment to life, that raised my utmost astonishment.

XXVI. *An Account of a method of Curing the Hydrophthalmia, by means of a Seton.*
By Mr. EDWARD FORD, Surgeon, Read Feb. 10, 1784.

IN the year 1781, I communicated to the public, through the channel of the London Medical Journal, a case of Hydrophthalmia, successfully treated by a method not usually practised. Since that time, several other instances of the same complaint have occurred to me, which have been cured by the same means; and if this paper meets with the approbation of the society, I shall be happy in making more known, an easy method of relieving a very painful disease.

All the cases of hydrophthalmia which have fallen under my notice have been attended with complete opacity of the cornea, so that vision was irrecoverably lost. The cure of the disease by seton, is to be adopted only in such cases, the intent of the operation being merely to remedy the inconveniences occasioned by the increased bulk of the eye.

These

These inconveniences are, frequent pain, inflammation of the diseased eye, head-ach, restlessness, difficulty of closing the eye-lids, a constant effusion of tears down the cheek, and a great deformity from the bulk of the tumor.

The other eye also frequently becomes liable to inflammation, and the patient is commonly incapable of reading, or employing himself in any business that requires a continued attention of the eye.

The following mode of cure is not very painful, and may be easily performed. To do it with convenience, the surgeon and his patient should be seated in the same manner as for extracting the cataract, or performing any other operation on the eye. The seton needle (of which I have annexed a drawing) being armed with six threads of white sewing silk, is to be passed from the external angle, about a quarter of an inch from the edge of the cornea, through the posterior chamber of the eye, and brought out at the same distance from the inner edge of the cornea.

I have

I have not lately used the *speculum oculi* in this operation, as the pain it causes by pressure, seems to overbalance the advantage that is gained by its fixing the globe of the eye.

In fastening the threads, we must be cautious not to draw them tight, least they should cut through the cornea before the cure is compleated.

The external applications should be of the sedative kind; perhaps we have none more proper than the saturnine water of Goulard, applied warm. A certain degree of inflammation and fever come on soon after the operation, but I have found that these readily give way to a cooling regimen, bleeding, and gentle laxatives. A swelling of the eye-lids, and a thickening of the coats of the eye, must likewise be enumerated among the symptoms that follow the operation; but these commonly begin to subside about the eighth or ninth day, at which time I usually take out some of the threads, and the swelling then gradually sinking within the orbit, the patient finds a comfortable alleviation

alleviation of those painful symptoms, with which he was before affected.

For a month after the operation I keep in some of the threads, which, after the first inflammation is removed, do not occasion much irritation.

None of my patients have had any violent degree of head-ach, or any tendency to delirium in consequence of the operation.

As a proof of the utility of this mode of treatment, I shall here add a short account of two cases in which I practised it. In both these instances the operation was performed in the presence of Mr. Andree, Mr. John Howard, and * Mr. Vaux, surgeons.

C A S E I.

William More, aged twelve years, was recommended in August 1783, to the Westminster General Dispensary, for the cure

* Mr. Vaux has performed this operation, with success, upon a woman at Deptford, whose tumor was uncommonly large and painful.

cure of an Hydrophthalmia. His parents informed me, that when he was about two years old, he had been struck by a flash of lightning, which deprived him of the sight of his right eye ; that the eye had burst instantly, and discharged a small quantity of fluid ; that for two years afterwards it appeared like a ripe mulberry ; that since that time it had been repeatedly distended with a fluid, and was then very painful till it burst, when he became tolerably easy, and remained so till the matter accumulated again. They added also that when he caught cold, or used violent exercise, the pain and inflammation were much increased, and that the left eye frequently became so painful and inflamed, as to render him incapable of applying to any business.

After taking the usual methods of preparing him for the operation, by an antiphlogistic regimen, and purging, it was performed in the manner before mentioned, and in the space of a month, the tumor flattened and subsided within the orbit, and he has continued perfectly easy ever since.

C A S E

C A S E II.

Frances Arnold, of James Street, Bedford Row, aged eighteen years, of a very robust habit of body applied to me, Nov. 1, 1783, for the cure of an Hydrophthalmia. She said that she had been blind, almost from her infancy, in the right eye, which had also always been larger than the left. The cornea now projected considerably beyond the edge of the orbit, and the elevation and depression of the eye-lids caused such violent pain, that she was now obliged to keep them constantly closed by a bandage. The diseased eye was subject to frequent inflammations, which occasioned great pain in the other eye.

The operation was deferred for several days, in order to obviate, by bleeding and a low regimen, the inflammatory diathesis which prevailed in her constitution; when the operation was performed, the irritability was so great, that the eye-lids were with great difficulty kept open.

Much

Fig. 1.



Fig. 2.



Much care was used in the progress of this cure, to prevent any ill effect from inflammation; and no symptom occurred that did not easily give way to the common antiphlogistic method. In the course of six weeks she was quite well.

XXVII. *An Account of a Tumor, supposed to have been a diseased Kidney, By Mr. HENRY FEARON, Surgeon of the Surry Dispensary. Communicated by Dr. JOHN SIMS. Read Feb. 24, 1784.*

A Married lady, fifty years of age, who had never had a child, was seized with a pain in the region of the loins, which was increased on bending the body forward, and frequently extended down her thigh. This pain was accompanied with fever, and costiveness; and, after it had continued some time, a small tumor was discovered between the false ribs and ilium, which gradually increased in size for the space of ten years.

She also complained of great pain about the uterus, attended with an uneasy urging pressure downwards. These symptoms were so much increased by sitting or walking, that at length she was confined to her bed. She tried a variety of medicines without finding any relief, and
by

by degrees became reconciled to her painful situation, which she bore with great patience during the time above mentioned. The tumor, as it increased in size, descended.

At the time I first saw her, which was last spring, it was painful to the touch, perfectly circumscribed, and so elevated that its removal appeared as practicable as that of any encysted tumor. At first she passed her urine freely; but latterly she was troubled with a constant inclination to make water, and in passing it suffered considerable pain; it also frequently stopped suddenly, the pain continuing for some-time after. There was likewise a discharge of mucus from the urethra, accompanied with straining and uneasiness. These symptoms gave reason to suspect there was a stone in the bladder; she was accordingly examined with the sound, but no stone could be felt. Whilst these symptoms were daily encreasing, fresh complaints afflicted the unfortunate patient, and continued during the two last months of her

E e

life,

life, viz. very acute pains in the stomach and bowels; bloody-stools and urine, a vomiting of every thing she took, and sometimes of blood; the urine diminished in quantity daily, and for six days previous to her death ceased entirely.

Leave being obtained to examine the dead body, I proceeded to perform the operation which had been proposed in the patient's life-time, viz. the removal of the tumor by dissection; this I effected without perforating the peritoneum, and then opened the body in the usual manner. The abdominal viscera were all very much inflamed, but there was no stone in the bladder, nor any mark of disease within the cavity of the abdomen. Though I searched with the greatest care, I could find no appearance of kidney on that side of the body where the tumor had been situated, and of course I concluded that (as I had before supposed) the tumor I had removed was the kidney in a diseased state. The other kidney was much diminished in size, and upon cutting into it appeared totally destroyed, nothing remaining but the coats of it filled with pus.

The

The tumor removed was nearly globular, and of an unequal surface; * the part next the vena cava and aorta, and where the vessels entered, was prominent, above which was seated distinctly, and in a separate membrane, the *glandula renalis*; at these parts there was also more cellular substance than at any other. The tumor, when cleared from the cellular substance adhering to it, weighed two pounds six ounces and a half, and measured fifteen inches in circumference.

On being sawed through it appeared to be an irregular ossified mass, and by chemical analysis was found to be soluble in the same acids, and precipitated by the same means, as any other bone. On calcination, likewise, the matter which remained, in every respect agreed with that which remains after the calcination of bone in general.

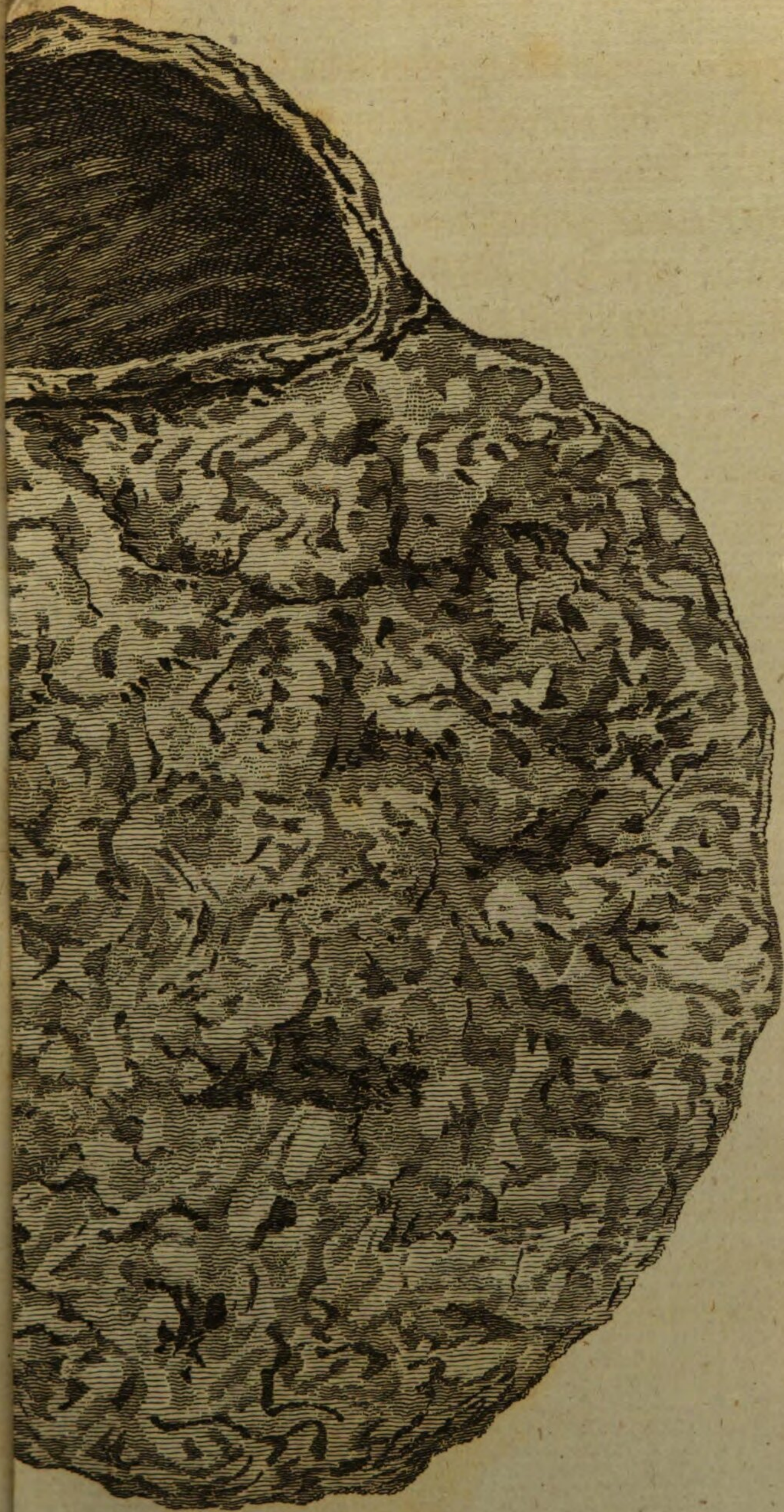
This case shews that a disease of the kidney may produce symptoms very similar to those of a stone in the bladder. It also suggests a question of some im-

E e 2

portance

* See plate X.

portance in practice, viz. whether a diseased kidney, when elevated and tumified, and which must in time prove fatal, may not with some probability of success be removed before the opposite kidney become affected by sympathy, or any other cause.



XXVIII. *An Account of a Cancerous Affec-
tion of the Stomach.* By JOHN SIMS,
M.D. Read Feb. 24, 1784.

THE recital of maladies, which, in the present imperfect state of our art, admit of no relief, is a painful task. But as our opportunities of determining the nature of disorders by dissection after death, are comparatively few, I flatter myself the following case may be acceptable to the society.

A serjeant of the Middlesex militia, about forty years of age, of a robust make, and rather inclined to corpulency, not addicted to the drinking of spirituous liquors, was, whilst in winter quarters in Chatham barracks, frequently attacked with violent pain, sometimes in the stomach, at others (as he supposed) in the bowels. The pain generally came on after eating, and he frequently vomited up his food three or four hours after taking it. At this time he was generally constive, except he procured stools by some opening medicine. Once, after

having been without any evacuation by stool for several days, and in great pain most of the time, he had a common glyster given him, which brought away more than a quart of a thick gelatinous substance, without any appearance of excrement mixed with it. He thought himself much relieved, and, encouraged with the prospect of a cure from this uncommon discharge, repeated the glyster frequently, by which means smaller quantities of the same matter were continually discharged; but no permanent relief was obtained. The pain continued to recur frequently, though he sometimes had intervals of ease for two and even three weeks together. His appetite began to fail, and he was considerably reduced in flesh, though he still looked so healthy, that when he was admitted into one of the London hospitals, six months after his first attack, he was suspected of feigning his complaints. What attempts were made to remove his disorder I cannot say, farther than that at different times he took vomits, purgatives and bitters, and had blisters repeatedly applied to the pit of his stomach. His pains however continued to increase

increase in violence, and in frequency of recurrence. The aggravation of his sufferings from eating obliged him to abstain very much from food. He wasted in strength and flesh daily. Some kinds of diet seemed to disagree with his stomach more than others; beef was so particularly unfriendly, that even broth made of it occasioned more pain than the solid flesh of other animals.

It was about a year after the commencement of his disorder that he was admitted at the Surry Dispensary. At this time he had almost continual pain at his stomach, particularly in the night time; he was much emaciated; his legs and thighs were oedematous, and some fluctuation was perceptible in the cavity of the abdomen; his respiration was affected, but he had no cough; whatever he took turned sour upon his stomach, and he frequently vomited large quantities of a watery fluid which felt cold in his mouth; he had a constant rumbling in his bowels, and generally two or three stools in the night, but seldom any in the day; he continued to discharge great quantities of the gelatinous substance before

mentioned; his urine was high coloured, and in small quantity; his pulse frequent; and he complained of thirst. Besides these symptoms he had one, the connexion of which with the others was not evident, viz. an excruciating pain in one of his heels, in which, however, there was no swelling or appearance of inflammation.

It does not seem at all necessary to enumerate the unsuccessful attempts that were made to relieve him, for though a cancerous affection in some part of the alimentary canal was from the first suspected, yet when any other idea offered which could at all account for the symptoms, and encouraged a hope of relief from medicine, it was readily admitted, rather than adopt the supposition of so hopeless and irremediable a cause. The hydropic symptoms claimed the first attention, and these, under the use of crystals of tartar, entirely disappeared in about a fortnight. His pain, however, continued to encrease, the intervals of imperfect ease became shorter, and were only obtained by opium. The pain in his heel continued a distressing symptom to the last; he became daily more emaciated,

ciated, and after languishing two months from the time of admission at the Dispensary, death, which was become his only hope of relief, terminated his suffering.

Leave being obtained to examine the body, it was carefully opened by the surgeon of the Dispensary. Except some preternatural adhesions of the parts contiguous to the stomach, no mark of disease was any where observed but in that viscus, the smaller extremity of which was found to be affected with a scirrhus, which appeared to have begun at the most depending part, and to have gradually extended towards the pylorus. The external surface of the stomach was smooth, but on the inside the diseased part was very unequal, a sort of polypous excrescences nearly filling up the cavity at the right extremity, so that opposite to the middle of the smaller curvature there was but barely opening sufficient to admit one finger; one of the largest of these excrescences was so situated that in some situations it might completely block up the pylorus, and in others leave a free passage through it. On the interior side of the stomach, the scirrhus
was

was ulcerated, and at that part there was an opening from the cavity of the stomach into that of the abdomen, but this opening probably had not taken place long before death, as only a small quantity of extraneous matter was found in the cavity of the abdomen. The larger extremity of the stomach seemed perfectly free from disease, and, except some thickening of its coats, the pylorus was not affected.

XXIX. *A Case of Cancer of the Stomach.*

By JAMES CARMICHAEL SMYTH,
M.D. F.R.S. *Physician Extraordinary*
to his Majesty. Read March 9, 1784.

THE account of a cancerous affection of the stomach lately communicated by Dr. John Sims, having brought to my remembrance a case somewhat analogous that fell under my care some years ago, I imagine a short description of it may not be unacceptable to the society, especially as I have not found any thing exactly similar to it, either in Bonetus or Morgagni.

A man about thirty years of age, was in June 1778, admitted into the Middlesex Hospital. He had been long in a bad state of health and was extremely pale and emaciated. From the beginning of his illness, his chief complaint was a constant pain at his stomach, which at times was extremely violent, and was accompanied with a vomiting of an acid and very offensive matter. He complained also
of

of a strong pulsation a little below the scrobiculus cordis, which pulsation was so remarkable as to induce many persons to suspect that it was occasioned by an aneurism of the aorta, or cœliac artery. He had tried many remedies, but from none of them had he received any permanent relief. He lived only six weeks after his admission into the hospital, and during that time thought his sufferings somewhat alleviated, by the use of absorbents and extract of hemlock.

Upon examining the body after death, the stomach was found firmly adhering both to the liver and to the pancreas. The liver itself was perfectly sound; but a large portion of the pancreas, where it adhered to the stomach, was quite hard and scirrhus; the remaining part was free from disease. On laying open the stomach, we observed, upon that part which adhered to the liver, an ulcer about the size of a shilling, of a cancerous appearance, with hard edges, which had compleatly eroded, not only the coats of the stomach, but also the peritoneal coat of the liver, so that
the

the substance of this viscus, formed part of the parietes of the stomach. There was an ulcer of the same kind, though smaller, on that part of the stomach which adhered to the scirrhus portion of the pancreas, and besides these there were several small indurations, on different parts of the stomach, and in some of them an appearance of beginning ulceration.

Although the cancer of the stomach is one of those unfortunate cases in which the most exact knowledge of the disease cannot assist in pointing out a successful mode of practice; yet the examination of such diseases by dissection, may be of use by enabling us to form a more certain prognostic, in cases of a similar nature. In the preceding there are two circumstances which particularly claim our notice. In the first place, we have an example of a morbid alteration in the body, (viz. the adhesion of the stomach to the liver) being of service in prolonging the life of the animal; and secondly, we see that a strong pulsation may be occasioned, not only by an aneurism, or disease of the artery, but that a scirrhus tumor lying immediately above it will produce the same effect.

XXX. *An Account of a painful Affection of the Antrum Maxillare, from which three Insects were discharged.* By JOHN HEYSHAM, M.D. of Carlisle, in Cumberland. Communicated in a Letter to Dr. GRAY, by JOHN LATHAM, F.R.S. Surgeon at Dartford, in Kent. Read March 9, 1784.

DEAR SIR,

MY friend, Dr. Heysham, having communicated to me the following case, and thinking that so curious a fact deserves to be recorded, has desired me to submit to your judgment, whether it may not be thought worthy a place in the intended publication of the medical society, of which you are a member. I have therefore inclosed it for your inspection.

With it you will likewise receive the most perfect of the insects, * which Dr. Heysham thinks may prove to be a *larva* of the *Oestrus* genus. In this opinion I most

* See Plate I.

I most readily concur. Linnæus enumerates five species of that genus; two of which perform their changes within the skin on the back of oxen, or other animals; the third in the *rectum* of horses, being the occasion of the disease, called the Bots; and the other two in the maxillary and frontal sinuses of horses and sheep.

I have taken some pains to determine the species of the *larva* in question, but have rather been able to prove what it is not, than what it really is. The nearest resemblance of it I have met with, is in Vallisneri's Op. vol. i. tab. 28, which is referred to by Linnæus, as the *larva* of the *Oestrus bovinus*.

Cases have not been wanting somewhat similar to the above; some of which Dr. Heysham has referred me to in Pallas's Dissertation *de Infestis viventibus intra Viventia*, published in Sandifort's Thesaurus. *

“ We

* “ In mucosis narium anfractibus, speciatimque in
 “ sinu frontali, Oestrus ovinus. Linn. 5. larvas educat.
 “ In Lupi rabidi osse spongioso Vermes. Misc. Cur. D. i.
 ann. iii.

We likewise read of various relations, in which worms, as they are called, have been found in the Cribriform bone, † as well as in the brain

“ ann. iii. obs. 893, & in milite delirio defuncto hirsutos duos Fernelius narrat repertos fuisse.
 “ Scolopendræ quoque in his locis non infrequentes,
 “ quæ cephalæas diuturnas excitant, qualis 112 pedibus phosphorescens ut videtur Linnæi, feminæ
 “ per quadriennium infesta in Hist. de l'Acad. de Paris 1708, p. 42. & similis post trium annorum molestias è viro. ib. 1733. p. 34. Ex femina rustica per novem annos cephalalgica excretam, cum subito auctis doloribus et vertigine caduca, scolopendram forficatam pollicem longam, vidit amicissimus Hellefeldius, similemque Kerkringius, Obs. 43, habet.”

“ Emunctos ascaridiformes vermiculos post hemi-craniam Borel. 1. 19. 39. et album latum palmarum Hollerius de vermibus habet. Prodiisse ex Antro Highmorianò feminæ junioris, injecto decocto herbarum amararum, ultra viginti digitales nigris capitulis, cessante genæ tumore orto cum cephalalgia quam effluxus lymphæ cum aliquot vermiculis solverat. *Commerc. Noric.* v. ix. p. 164. Et e more summi nasi enormi cephalæa stipato ultra centum teretes molles, depressos, cinereos, rugosos, antennulatos erupisse legimus. ib. v. x. p. 131. t. 1. f. 6.

Thesaur. Dissert. programmat. Sandifort. v. i. p. 249. 250.

† “ Filius Theod. &c. avunculi mei, diuturno vexabatur dolore capitis—deinde dolore et febriculâ

brain itself, † and many more similar instances might be quoted, but those already mentioned you will probably think sufficient. I shall therefore only add, that if the society think this communication worthy their notice, it will give great satisfaction to Dr. Heysham, as well as to,

Yours, &c.

JOHN LATHAM.

DARTFORD, Dec. 28,
1783.

ANN LIDDELL, a widow, aged sixty years, was admitted at the Carlisle Dispensary on the 23d of September 1782. She had for many years managed

“ culâ auctis et sternutatione exortâ, ruptus est abscessus
“ circa os cribrosum, inde nonnihil puris foetidissimi
“ effluxit; cum quo simul Vermis proserpsit.

Fabr. Hildan. Cent. 1. obs. 8.

† “ Tandem cum tabida obiisset, statim aperto cranio
“ præsentibus Medici totam cerebelli substantiam, quæ
“ ad dextrum vergit, à reliquo corpore sejunctam,
“ nigrâque

ed a public oven, hence was often exposed not only to great heat, but also to sudden alternations of heat and cold. She had likewise been accustomed to take large quantities of snuff; and previous to her being attacked with the following complaint, was a healthy, active, robust woman, somewhat corpulent; but was never subject to tumours either in her breast, or any other part of her body.

For upwards of eight years she has been afflicted with a severe pain on the right side of her face and head; it begins in her cheek, and from thence extends all over that side of her head; she is never altogether free from pain, but it is most moderate in hot weather. During the winter, spring, and a great part of the autumn, her cries are sometimes so loud, from the violence of the pain, as to disturb the whole neighbourhood.

Nothing

“ nigrâque tunicâ involutam deprehenderunt: hæc tunicâ rupta latentem vermem vivum, & pilosum,
 “ duobus punctis splendidis loco oculorum prodidit,
 “ ejusdem fere molis cum reliqua Cerebelli portione,
 “ qui duarum horarum spatio supervixit.

Verzasch. Obs. Med. Obs. 6. p. 16.

Nothing particular is to be observed either on her cheek or in the inside of her mouth, but her eyes are at times inflamed. At present she opens her mouth with some difficulty; and any considerable motion, such as speaking loud, or chewing any solid food, will sometimes excite the pain. The admission of cold air also aggravates it.

Her appetite is tolerable, her belly is regular, she has no thirst, but gets little or no sleep.

She was a patient a considerable time in the Newcastle Infirmary, and has since taken a variety of remedies, without reaping the least advantage. She has been twice salivated, which increased the pain each time; and all the *dentes molares*, of that side have been extracted.

She was ordered to take, at bed-time, an anodyne draught, containing thirty drops of laudanum.

Sept. 24. The draught neither procured sleep, nor diminished the pain. It was ordered to be repeated with fifty drops of laudanum.

F f 2 25th.

25th. She slept little in the night. The pain is as violent as ever; and she being rather costive, to the draught was added half an ounce of tincture of fenna, and ten drops more of laudanum.

28th. She has taken sixty drops of laudanum each night, without obtaining either ease or sleep.

Finding no advantage whatever to be obtained from the exhibition of opium, I ordered it to be discontinued, and as the case in many respects seemed to be somewhat similar to those described by Dr. Fothergill, in the fifth volume of Medical Observations and Enquiries, I determined to adopt the mode of treatment which he recommends, and which in several instances he had used with success. She was therefore ordered to take a grain of the extract of hemlock night and morning; and to increase the dose gradually, according to the effects produced.

October 5th. She has taken two pills night and morning, they produce no sensible effects, the pain of her face and head not being in the least abated.

She

She was ordered to take three pills every night and morning.

She continued the extract of hemlock with little intermission, and without the least alteration in her complaints, till the 10th of January, 1783; she then said, she could take no more medicines, and was that day dismissed as incurable.

April 23, 1783. At the request of several of the Governors of the Dispensary, who saw and pitied her sufferings, she was again admitted.

She is nearly in the same situation as when she was dismissed. The pain is constant and severe; and every ten or fifteen minutes, it becomes so acute and excruciating, that she cries out in the utmost agony. This paroxysm continues a minute and a half, or two minutes, during which her face and other parts of her body are affected with violent contortions.

The pain as she imagines, originates in the cheek-bone, very near the antrum maxillare. She was not willing to take any more medicines, but her condition was so miserable that she would readily submit to any operation. By way of experi-

ment, but without any sanguine hopes of success, I directed the antrum to be perforated.

24th. The antrum maxillare was this day perforated with a large trocar, there was not the least discharge of matter, nor any other appearance of disease in the part.

Half an ounce of a mixture of decoction of bark and elix. aloes was injected into the antrum once a day, and the orifice was kept open by a small piece of gentian root.

28th. There has been little alteration in her symptoms since the antrum was perforated, the pain continuing nearly the same, till this day, when immediately after the injection was used, something appeared in the orifice, which the bystanders thought resembled a tooth. It was immediately extracted, and proved to be an insect, about an inch in length, and thicker than a goose-quill. When extracted it was dead, and of a very pale yellow colour. After it was discharged she had a remission of the pain for several hours.

30th.

30th. Another insect supposed to be of the same kind, was yesterday seen in the antrum, but it could not be extracted. The pain is now as violent as ever. The injection of bark was discontinued, and half an ounce of olive oil was ordered to be injected every day.

May 1st. The oil has been injected, but the insect is not yet discharged.

2d. Yesterday evening, the other insect was discharged; in form, and size, it exactly resembles the first, but is intirely of a black colour, and was also dead. If a silver probe is now introduced into the antrum, it is tinged of a brownish colour. The pain continues violent.

4th. The pain continues nearly the same. Another insect was this day perceived.

6th. The olive oil is constantly injected, but the insect still remains in the antrum. Last night she took forty drops of laudanum, which procured a little sleep; and was therefore ordered to be repeated. There is no alteration in the pain.

8th. There is now a considerable discharge of purulent matter; the pain is violent, and the anodyne draught has no effect in procuring sleep.

13th. The pain was excruciating on the 10th, and a great part of the 11th, but towards the evening of that day it abated much, and she now articulates with some difficulty, a circumstance which has frequently occurred before. Pulse 84. The discharge of purulent matter still continues, and something like the skin of an insect has come away. The oil continues to be injected, but she has not taken the anodyne draught for two or three nights.

15th. She continued easy till about one o'clock this morning, when she had some return of the pain, which continued near two hours, and then abated. At present she is free from pain, and speaks tolerably well, but is afraid to open her mouth, lest it should bring on the pain. Nothing has been injected into the antrum since the twelfth. She was ordered to drink eight or ten ounces of wine every day.

21st. She continues free from pain. There is still a discharge of matter, and of something like small pieces of membrane, from the antrum.

27th. She has been easy till this day, when the pain returned in a slight degree. The discharge of purulent matter continues. Pulse 80, and rather feeble. She rests pretty well in the night.

June 7th. She has had frequent returns of pain since the last report; her face is somewhat swelled, and there is a little inflammation in her eye. The discharge of matter is much diminished, and the perforated part seems to be in a healing state.

16th. She generally has a return of pain once in the space of an hour and a half, which continues ten or fifteen minutes, but is now only as violent during the paroxysm, as it was during the intermission, before the antrum was perforated. Sleeps about three hours in the night. Pulse 80.

26. The pain, with respect to violence and duration, is nearly the same as it was on the 16th, but its situation is
some

somewhat changed. She now describes it as beginning in the right frontal sinus, extending round the orbit of that eye, and sometimes shooting downwards towards the corner of the lower jaw. It is that kind of pain, she says, which she imagines would occur if the bone were scraped with a sharp instrument.

There is a very slight degree of inflammation in the eye-lid. The discharge from the antrum has ceased for some time, and she thinks the perforated part entirely healed. Pulse 74, regular, and pretty strong; her appetite is tolerable, and she seems to speak with a degree of strength and spirits which I have not before observed.

Little change took place in her situation till the 7th of July, when the pain returned with great violence and she was again ordered to take the extract of hemlock; in the use of which she persevered till the latter end of October; but, though the dose was increased to 109 grains in 24 hours, no material advantage was derived. At the same time fumes of tobacco were thrown up her nostril, with
an

an intention of killing any insects that might be lodged either in the maxillary or frontal sinusses. On the 27th of October, being tired with the hemlock, it was omitted, and opium substituted in its stead, of which she now takes 15 grains every night, which mitigates the pain and procures her a little sleep. *

* The society have received no account of this patient since the paper was read, but hope to be able to give the sequel of the case in a future volume.

XXXI. *An Account of a hairy Excrescence in the Fauces of a new-born Infant.* By EDWARD FORD, Surgeon.
Read May 4, 1784.

A Few weeks since, I was called upon by Mr. Dawes of Newman-street, to see a child in Duke-street, Bloomsbury; born the day before, with a tumor in the fauces, which rendered it unable to suck, or to swallow any kind of nourishment.

Upon examining the child, I observed a black frothy mucus in its mouth, but could not discover the swelling, till I attempted to introduce my fore-finger into the fauces; I then found its passage was obstructed by a solid substance, which was moveable, and could easily be brought over the tongue into the fore-part of the mouth. On withdrawing my finger, the tumor slipped into its former situation, totally closing up the pharynx. The child breathed with great difficulty, and made frequent efforts to cough. I could perceive that the basis of the tumor was small, and
that

that its attachment was behind the uvula and palatum molle. Dr. Douglas, Dr. Osborn, and Mr. John Howard likewise saw the child, and agreed with me in opinion that the tumor might safely be removed by a ligature. This was more easily accomplished than we had expected, for in passing the ligature round the root of the tumor, the threads cut through the small peduncle by which it was suspended, and it fell into my hand. The child hardly lost any blood by the operation, and a few hours after was put to the breast, and swallowed with great facility.

The drawing annexed to this case, * represents the form of the tumor or excrescence, which was intirely covered with hair, and upon being cut open, was found to be of a solid substance, not very much unlike the thyroid gland.

It is proper to observe that the hairiness of the external surface (which seems to be the most remarkable circumstance) is not strongly expressed in the drawing,
as

* See Plate I.

as the child's mother could not be persuaded to part with this *lufus naturæ*, till feveral days after it was removed, and then, by frequent handling, and maceration, it had loft much of its hairy appearance.

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